

# SECTION 9 - MEDICAL EXAMINATION (COMPLETED BY MEDICAL PRACTITIONER)

**MEDICAL STANDARDS AVAILABLE AT [www.speedwayaustralia.net.au](http://www.speedwayaustralia.net.au)**

Applicant's Full Name:

Racing Division:  Licence No:  DOB:  /  /

Height (cm):  Weight (kg):  BMI:  Pulse:  Blood Pressure:

Please see Medical Standards at [www.speedwayaustralia.net.au](http://www.speedwayaustralia.net.au)

Please attach separate page(s) if space is not sufficient

		Normal	Abnormal	Comments
3.1	History suggesting heart disease?			
3.2	Heart sounds			
3.3	Peripheral circulation			
3.4	History suggesting respiratory disease?			
3.5	Respiratory system			
3.6	Abdomen/gastro-intestinal system			
3.7	History suggesting psychiatric or neurological problems?			
3.8	Cranial nerves			
3.9	Upper limbs - power, tone and reflexes			
3.10	Lower limbs - power, tone and reflexes			
3.11	Skeletal system and joint system			
3.12	Hearing/vestibular system			
3.13	Co-ordination			
3.14	Urine testing			
3.15	History suggesting visual problems?			
3.16	Visual fields			
3.17	Eye movements			
3.18	Cover test			
3.19	Colour vision (Ishihara)			

**THIS MEDICAL IS ONLY VALID FOR 3 MONTHS FROM THE DATE OF EXAMINERS SIGNATURE**

	Visual Acuity	L	R	Comments
Unaided		6/	6/	
With Correction		6/	6/	

I have personally examined the applicant on (date)  /  /  On the basis of my examination and the information supplied by the applicant:

- I could find no evidence of any physical or mental illness that would exclude the applicant from competing in speedway racing.
- I consider that the applicant may be suffering from a medical condition that may have an adverse affect upon his/her ability to compete safely in speedway racing (please attach details). **Please Note:** A BMI outside of the healthy range may be considered unfit.

Please tick the applicable box and attach any information which may assist the Speedway Australia medical advisor in determining the applicant's fitness to compete. If suffering from an illness, please specify medications and dosage that will assist in review of this application.

DOCTOR'S OFFICIAL STAMP

Name:

Signed: