



HEALTH STATEMENT

N.A.S.R. Incorporated (A24134)

All forms MUST be lodged via your club

Full Name:	<input type="text"/>	NASR Licence No.:	<input type="text"/>
Address:	<input type="text"/>		
Racing Section:	<input type="text"/>	Date of Birth:	<input type="text"/>

A Health Statement will need to be supplied annually by all applicants and a medical examination as follows:

- * If 40 years of age or under your medical will be valid for 15 months, from date of examination. A copy will need to be supplied if submitting same for the following season.
- * If over 40 years of age a medical examination must be undertaken annually.

SECTION 1 - TO BE COMPLETED BY APPLICANT (Tick appropriate boxes)

1.1 What is your regular/preferred doctor's name and address?

Name:

Address:

Suburb: Postcode:

1.2 Are you currently taking or have you taken any medication over the past 12 months? Yes No
If 'Yes' please list medications below.
Please include medication prescribed by a doctor as well as alternative/natural remedies and medications you can purchase without prescription.

1.3 Do you have any allergies? Yes No
If 'Yes' please list below.

1.4 Have you had any surgical operations? Yes No
If 'Yes' please list below.

1.5 Have you ever suffered an illness that has required treatment by a specialist or a hospital doctor? Yes No
If 'Yes' please list below.

1.6 Do you have any other condition that may affect your ability to drive a vehicle? Yes No
If 'Yes' please list below.

1.7 Do you wear glasses or contact lenses? Yes No

1.8 Have you ever smoked more than 10 cigarettes per day? Yes No

1.9 Are you currently a smoker? Yes No

SECTION 2 - APPLICANT'S DECLARATION

Statement to be read and completed by applicant

- * I have answered all the above questions honestly and completely and undertake that all health and medical information provided is true and correct and not misleading or deceptive.
- * I understand that a medical opinion about my fitness to compete in speedway racing may be based upon the answers I have given and I acknowledge that NASR is able to rely on the accuracy of this information in forming any such opinion.
- * I will advise NASR if I suffer any condition such as illness or injury that might affect my ability to compete in speedway racing.
- * I will abide by the NASR policy on drug use in speedway racing.
- * I will advise NASR immediately if there is any change in the information that I have supplied.
- * I agree to provide NASR with any and all health and medical information requested. I acknowledge that NASR may need to request additional health and medical information from my medical practitioner or any other health or medical officer I have previously attended and I unconditionally authorise my medical practitioner or other officer to provide any information requested by NASR or its nominee.
- * I acknowledge that to ensure my health and safety and that of others it may be necessary for NASR to disclose certain health and medical information about me to third parties and I unconditionally consent to NASR disclosing such information in its absolute discretion.
- * For female applicants: I agree to abstain from exercising the privileges of this licence while in the last four months of pregnancy.

Applicants signature

Date:

MEDICAL - IN CONFIDENCE



MEDICAL EXAMINATION

MEDICAL PRACTITIONER PLEASE NOTE:

Medical Standards available from www.nasr.com.au - Forms - NASR Forms

Full Name:	<input type="text"/>	NASR Licence No.:	<input type="text"/>
			if known
Racing Section:	<input type="text"/>	Age:	<input type="text"/>

SECTION 3 - TO BE COMPLETED BY A MEDICAL PRACTITIONER

What is the applicant's:	Height (in cm)	Weight (in kg)	Body Mass Index	Pulse Rate	Blood Pressure	
Please see Medical Standards: www.nasr.com.au - Forms - NASR Forms						
3.1	History suggesting Heart Disease?			Normal	Abnormal	Comments
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)					
	Visual Acuity	Left	Right	Comments		
	Unaided	/ 6	/ 6			
	With correction	/ 6	/ 6			

Please attach separate page(s) if space is not sufficient for required information.

SECTION 4 - MEDICAL PRACTITIONER'S DECLARATION

Statement to be completed by Medical Practitioner:

I have personally examined the applicant on / / (Must be dated)

On the basis of my examination and the information supplied to me 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 might have an adverse effect upon the ability to compete safely in speedway racing.

Please provide reason for above: _____

Please tick applicable box and attach any information that might assist the NASR medical advisory committee in determining this applicant's fitness to compete. If you have ticked that you feel they can not compete due to an illness, please specify any medication & dosage that will assist our Medical Practitioner in reviewing this application.

Name, address and Provider Number of medical practitioner:

Signed _____

MEDICAL - IN CONFIDENCE