



HEALTH STATEMENT
NATIONAL ASSOCIATION OF SPEEDWAY RACING
PO BOX 269, STEPNEY SA 5069

Full Name:	<input style="width:95%;" type="text"/>	NASR Licence No.:	<input style="width:95%;" type="text"/> <small>if known</small>
Address:	<input style="width:95%;" type="text"/>		
Racing Section:	<input style="width:95%;" type="text"/>	Date of Birth:	<input style="width:95%;" 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: <input style="width:95%;" type="text"/>	
	Address: <input style="width:95%;" type="text"/>	
	Suburb: <input style="width:45%;" type="text"/>	Postcode: <input style="width:45%;" type="text"/>
1.2	Are you currently taking or have you taken any medication over the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<small>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.</small>	
	<input style="width:95%;" type="text"/>	
	<input style="width:95%;" type="text"/>	
1.3	Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<small>If 'Yes' please list below.</small>	
	<input style="width:95%;" type="text"/>	
	<input style="width:95%;" type="text"/>	
1.4	Have you had any surgical operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<small>If 'Yes' please list below.</small>	
	<input style="width:95%;" type="text"/>	
	<input style="width:95%;" type="text"/>	
1.5	Have you ever suffered an illness that has required treatment by a specialist or a hospital doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<small>If 'Yes' please list below.</small>	
	<input style="width:95%;" type="text"/>	
	<input style="width:95%;" type="text"/>	
1.6	Do you have any other condition that may affect your ability to drive a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<small>If 'Yes' please list below.</small>	
	<input style="width:95%;" type="text"/>	
	<input style="width:95%;" type="text"/>	
1.7	Do you wear glasses or contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input style="width:95%;" type="text"/>	Date: <input style="width:45%;" type="text"/> / <input style="width:45%;" type="text"/>
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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	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please see Medical Standards: www.nasr.com.au - Forms - NASR Forms				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)					
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 / /

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 tick applicable box and attach any information that might assist the NASR medical advisory committee in determining this applicant's fitness to compete.

Name, address and Provider Number of medical practitioner:

Signed _____

MEDICAL - IN CONFIDENCE