



HEALTH STATEMENT

Sprintcar Control Council of Australia Inc.

All forms will remain in the hands of the State Club.



Full Name:

Address:

Racing Section: Date of Birth:

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 SCCA is able to rely on the accuracy of this information in forming any such opinion.
- * I will advise SCCA 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 SCCA policy on drug use in speedway racing.
- * I will advise SCCA immediately if there is any change in the information that I have supplied.
- * I agree to provide SCCA with any and all health and medical information requested. I acknowledge that SCCA 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 SCCA or its nominee.
- * I acknowledge that to ensure my health and safety and that of others it may be necessary for SCCA to disclose certain health and medical information about me to third parties and I unconditionally consent to SCCA 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