

**AUSTRALIAN AUTO-SPORT ALLIANCE PTY. LTD.**

**NATIONAL LICENCE APPLICATION**

SURNAME: \_\_\_\_\_ CHRISTIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AUSTRALIAN CITIZENSHIP YES NO

If No, Nationality on Passport: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you competed in a motor racing event in the last 12 months? YES NO

If yes, name of last event competed in \_\_\_\_\_ Date: \_\_\_\_\_

**To obtain or renew your Australian Auto-Sport Alliance the attached Medical Examination Record is to be completed by yourself and your doctor and returned with this application.**

Current CAMS Licence Holders please provide proof of CAMS Licence. Those people wishing to apply for a new Licence please supply details of competition history for the past 12 months.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional listing if necessary)

For those people who have previously only held a Club level licence must attach a history of at least three (3) Lap Dash events where the Clerk of Course has provided proof of completion of a satisfactory level of competition.

**LICENCE FEE SCHEDULE**

NATIONAL RACING LICENCE \$100.00

and forward with your payment to; Australian Auto-Sport Alliance Pty. Ltd, P O Box 249, Benalla. Vic. 3671

**PAYMENT DETAILS**

Cheque payable to Australian Auto-Sport Alliance Pty. Ltd. enclosed for \$.....

OR Please Charge the amount to my: VISA  MASTERCARD  Expiry Date ...../.....

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Name On Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Use Only:

Date MER received \_\_\_\_\_ Receipt No: \_\_\_\_\_ Entered to D/Base: \_\_\_\_\_

Licence No. \_\_\_\_\_ Renewal Due: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

**AUSTRALIAN AUTO-SPORT ALLIANCE PTY.LTD NATIONAL COMPETITION LICENCE APPLICATION  
MEDICAL EXAMINATION RECORD**

THIS MEDICAL EXAMINATION RECORD FORMS PART OF AN APPLICATION FOR NATIONAL COMPETITION LICENCE

NOTE: APPLICANT - PLEASE COMPLETE ALL SECTIONS PRIOR TO MEDICAL EXAMINATION WHEN MAKING APPOINTMENT

PLEASE ADVISE DOCTOR'S RECEPTIONIST THAT AN EXTENDED CONSULTATION WILL BE REQUIRED. THIS EXAMINATION IS INELIGIBLE FOR MEDICARE REBATES.

PRINT NAME - WRITE CLEARLY			
SURNAME	ADDRESS IN FULL		
FIRST NAME			
PHONE	STATE _____		
BUSINESS :-	POSTCODE _____		
PRIVATE :-			
OCCUPATION	Date of Birth	Age	
STATEMENT OF APPLICANT	TETANUS IMMUNISATION	BLOOD GROUP:-	
	DATE:-	ALLERGIES YES/NO IF YES LIST	
1. Is this your first Motor Racing medical examination? YES/NO. If YES go to No.3		1	
2. Since your last Motor Racing medical examination		2	
1 - Has your health status changed? YES/NO. If YES go to No.3		3	
2 - Have you suffered any injury or been involved in any accident of any kind? YES/NO. If YES go to No.3		4	
3. Have you ever suffered from -	YES or NO		YES or NO
3.1 Any nervous disorder - including nerves, neurasthenia or anxiety state?		3.10 Anaemia or any other blood disease?	
3.2 Headaches?		3.11 Deafness or noises in the ear?	
3.3 Fits or convulsions, turns or blackouts, fainting or giddiness?		3.12 Earache or discharge from the ear?	
3.4 Head injury or concussion?		3.13 Chronic Sinusitis?	
3.5 Tuberculosis or other lung trouble?		3.14 Any surgical operations?	
3.6 Rheumatic fever or heart disease?		3.15 Any injuries related to motorsport?	
3.7 Indigestion, gastric or duodenal ulcer?		3.16 Any other injuries?	
3.8 Kidney or bladder trouble?		3.17 Any illnesses not already mentioned?	
3.9 Diabetes?		3.18 Are you taking any injections, tablets or other medical forms of medication, or have been on medication in the past?	
		3.19 Any known allergies?	
IF YES TO ANY			
THE ABOVE,			
FULL DETAILS			

**DECLARATION.**

(An applicant making a false declaration is liable to refusal or cancellation of licence.)

I hereby declare I have read the questions above and that the answers I have given are to the best of my belief true, correct and complete in every detail. I further declare that I have not withheld any information or made any statements which are calculated to conceal any reason that could result in the refusal of this licence.

I confirm I am aware that if any of the answers given above are affected by any event which might occur during the currency of the licence issued as result of this medical examination I will report such alterations to Australian Auto-Sport Alliance Inc. forthwith. I undertake not to use any drugs or medication which could have the capacity of affecting my driving ability within 48 hours of my competition and formally agree I will submit to any testing for drugs as may be considered to be justified by any Australian Auto-Sport Alliance Inc. doctor. I hereby give my full authority to the Australian Auto-Sport Alliance Inc. medical officers to obtain information from relevant clinical records, x-ray and pathology reports from my doctor if required to support this application.

**For female applicants;** I agree to refrain from exercising the rights conferred by the issue of this licence at any time during the last 4 months of any pregnancy.

FEMALE APPLICANTS MUST INITIAL
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DATE	SIGNATURE OF APPLICANT	WITNESS - MEDICAL EXAMINER
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<b>IMPORTANT</b>			<b>MEDICAL EXAMINATION (NOTES FOR EXAMINERS)</b>								
IF SIGNIFICANT ABNORMALITIES ARE FOUND PLEASE OBTAIN SPECIALIST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM, IF DOUBTFUL, REFER TO AUSTRALIAN AUTO - SPORT ALLIANCE INC.			1. Please attach any Specialists reports or any pathology or radiology results relevant to this application. 2. If the application wears contact lenses please attach to this report a certificate from the Ophthalmic Practitioner who fitted them stating there (1) Stability (2) duration of use daily (3) suitability for motor racing								
5. WHAT IS THE APPLICANTS	HEIG HT	CMS	WEIGHT	KGS	BODY MASS INDEX						
6. Please tick appropriate column											
CARDIOVASCULAR SYSTEM		YES	NO	LOCOMOTOR SYSTEM		YES	NO	VISUAL SYSTEM		YES	NO
What is the pulse rate?				Has the applicant undergone				Has the applicant any deformities of the eyes?			
Is the rhythm abnormal?				amputation of any limb or part of a limb, or is there any				Is there evidence of horizontal or vertical squint?			
What is the blood pressure?				physical deformity?				Is squint produced on covering either eye?			
Are the peripheral pulses normal?				Does the applicant wear any form of orthopedic appliance?				Is there abnormality or defect in the visual fields on confrontation?			
Is there any evidence in the history or examination of past or present ischaemic heart disease?				Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor vehicle?				VISUAL ACUITY		FOR DISTANCE	
ECG : Not Compulsory				CENTRAL NERVOUS SYSTEM				Unaided		6/	6/
RESPIRATORY SYSTEM				Is there abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or planter response on examination?				Spectacles		6/	6/
Is there any abnormality of the respiratory system on examination?				Is there any sensory impairment?				Contacts		6/	6/
ABDOMEN				ENT SYSTEM				Is colour vision abnormal?			
Is there any abnormality of the abdomen on clinical examination?				Is there any evidence of past or present vestibular disturbance including intermittent conditions?				Was Ishihara method used?			
URINE EXAMINATION				Is there any abnormality of the ENT System on clinical examination?				If not please specify			
Does the applicant's urine contain											
Protein											
Glucose											
Other abnormality											
7. EXAMINERS COMMENTS:											
7.1 On History											
7.2 On Examination											
7.3 Are there any unfavourable trait's in applicant's personality, revealed by history, appearance or behaviour?											
7.4 In your opinion, is the applicant fit to participate in motor racing?								YES	NO	DOUBTFUL	
8. Statement by examiner				PLEASE PRINT NAME & ADDRESS							
I have today personally examined this applicant.				Signature				Date			