

JUNIOR DRIVER MEDICAL EXAMINATION FORM

IMPORTANT – PLEASE READ

If you are between the ages of 12 and 16 you only require this Junior Driver Medical Examination when applying for your first MotorSport NZ Competition licence of National Grade. Any subsequent licence renewals only require you to complete a medical aptitude clearance application form.

Instructions for Applicants:

1. Download this form from the MotorSport NZ Website (www.motorsport.org.nz)
2. Once the form is completed, upload the scanned copy during the online application process
3. Allow two weeks for processing. (refer flow chart below)
4. Your Junior Driver Medical Clearance Card will be forwarded to you with your licence.
5. The Junior Driver Medical Clearance Card
 - (i) The Junior Driver Medical Clearance Card will identify you as the holder and contain information as to whether you require:
 - (a) Corrected eyesight (glasses or lenses)
 - (b) Special medical supervision
 The card will also contain the issue and expiry date.
 - (ii) The Card must be shown at documentation for all Events you enter.
 Full details of Medical Clearance requirements are contained in MotorSport Manual, Appendix One, Schedule L.

Flow Chart

- | | |
|------------|---|
| Step One | Complete the Part 1 of this form. |
| Step Two | Have your examining doctor complete and sign Part 2 |
| Step Three | Upload the scanned form as part of your licence application (or email/post to the MSNZ office) |
| Step Four | Upon receipt of your Junior Driver medical clearance card, please file the card with your competition licence |

Payment

Please ensure payment of **\$45.00 inc GST** is enclosed, payable by cheque or credit card*

Cheques to be made payable to: **MotorSport New Zealand**

Please Do Not Include Cash

Note: *For applicants requesting priority processing, MotorSport New Zealand and the Chief Medical Assessor reserves the right to charge an additional \$25.50 priority fee.*

WHEN PAYING BY CREDIT CARD: Please debit my VISA / MASTERCARD / BANKCARD												
Card No												Expires
Name of Card Holder												
Signed											Date	

Date Received:

JUNIOR DRIVER MEDICAL EXAMINATION FORM

PART 1 - Applicant to complete BEFORE Doctors Examination

First Name	_____
Surname	_____
Competition Licence Number	_____
Date of Birth	_____
Email address	_____
Contact Telephone number	_____
I have previously held a MotorSport NZ Medical Certificate	YES / NO
Name and Address of your regular doctor	_____ _____ _____
2. Have you ever had or do you now have any of the following:	
(a) Nervous breakdown, mental disease or disorder	YES / NO
(b) Head injury with unconsciousness or concussion	YES / NO
(c) Heart disease or disorder	YES / NO
(d) High blood pressure	YES / NO
(e) Diabetes	YES / NO
(f) Deafness	YES / NO
(g) Dizziness, fainting spells, epilepsy, fits or blackouts	YES / NO
(h) If answer is 'yes' to any of the above in 1 and 2, please supply details:	
(i) _____ Any illness not stated above	
3. Are you receiving medical treatment now?	YES / NO
If so, give details	_____
4. Type of competition in which you intend to take part	Race / Rally
5. Are you required to wear corrective lenses when driving?	YES / NO
Declaration By Applicant:	
(i)	I CERTIFY that the statements made by me to the examining doctor and/or MotorSport New Zealand regarding my psychological condition and any previous illness are true and accurate.
(ii)	I AUTHORISE any hospital or medical practitioner to furnish information relative to my medical condition to MotorSport New Zealand and its Medical Assessor.
(iii)	<u>I UNDERTAKE not to use any banned drug or substance that is listed from time to time in Appendix One of the MotorSport New Zealand National Sporting Code.</u>
Signature of Applicant:	_____
Date:	_____

PART 2 – Examining Doctor to Complete

Doctors are asked to note the answers to the questions by the applicant in Part 1.
Brief details of any abnormality should be recorded below in 'Observations/Recommendations'.
(please print clearly)

Name and Qualifications: _____

Address: _____

Contact Telephone number: _____
Email address: _____

1. Are you the regular medical attendant of the Applicant? YES / NO
2. Is there any abnormality of the heart or cardiovascular system? YES / NO
3. Has the applicant full controlled movement of both upper and lower limbs? YES / NO
4. Is there any evidence of a physical or mental condition, past or present, which could, in your opinion, debar the applicant from motor racing? YES / NO
5. Vision
R eye ____/____ L eye ____/____
With correction if applicable R eye ____/____ L eye ____/____
Field of Vision R eye _____ L eye _____
Pupil reaction to L & A R eye _____ L eye _____
Colour Vision: _____
6. Blood Pressure: _____
7. Genito-urinary System:
(a) Any Abnormality? _____
(b) Urinary-Albumen: _____ Sugar: _____
8. Height: _____ Weight: _____
- 9.. Date of last Tetanus injection: _____

Observations / Recommendations related to the requested information: _____

THIS IS TO CERTIFY that the above named applicant has today been examined by me and I consider the named applicant to be fit / unfit to compete in motorsport events.

Doctors signature: _____
Date: _____

Any fee charged for completion of this examination or associated with it is the responsibility of the applicant NOT MotorSport New Zealand.

The applicant is requested to upload the completed form during the online licence application process.