



## AIDKA MEDICAL CLEARANCE FORM

If you have answered “yes” to any of the following questions 1-11 on the online AIDKA licence application, and you are applying for a licence to drive a go-kart you are required to have your Doctor complete the medical clearance below.

If your licence application requires a medical clearance it will not be processed until that clearance is received.

None of these items will necessarily preclude you from holding a licence, but it is a safety requirement that the information above is disclosed.

Once this form is completed, please post it to the following addresses (depending on the location of the club you are joining).

### **South Australia and Queensland.**

Jayne Gelston  
PO Box 3117  
Renmark SA  
5341.

### **Western Australia and Northern Territory.**

Nicki Morrell  
172 Morrell Road  
Authur River WA  
6315

### **AIDKA Medical Declaration:**

#### **Statement by Applicant**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1 Have you ever been declined life insurance on medical grounds?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Are you required to take a state roads or traffic authority medical examination to obtain a motor vehicle licence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever suffered, been diagnosed or had treatment for:-  |                          |                          |
| 3 Any medical or surgical conditions that could interfere with the fine movements of your arms and legs?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 A psychiatric or psychological illness?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Persistent or severe headache, head injury, epilepsy, seizure, fainting or giddiness?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Heart or lung disease, blood vessel disease, hypertension, coronary bypass or other major surgical procedure?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Cancer, kidney, bladder, diabetes, gastrointestinal, thyroid or blood disorders: including any surgical procedure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 A significant illness, injury or surgery not listed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Any ear disorder that may affect your balance including tinnitus?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Eyesight impaired for distance vision to such an extent that it cannot be corrected?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Are you taking any injections, tablets or other forms of medication?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you required to wear spectacles to correct distance vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you on Work Cover/Workers Compensation? (If YES, drivers are not permitted to race)                          | <input type="checkbox"/> | <input type="checkbox"/> |

**Declaration:**

- a. I certify that the statements made to AIDKA regarding my physiological and physical condition and any previous illness are true and correct.
- b. I declare that should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges, will notify AIDKA and submit to a further medical examination the results of which are to be forwarded to the AIDKA Secretary.
- c. I undertake not to use medication or drugs that might be considered illegal within a period of 24 hours prior to a race competition on or participation of any sort.

Applicant Signature  Date

An Applicant making a false declaration is liable to refusal/cancellation of their licence

**Medical Clearance to Race a Go Kart** (to be completed by your Doctor/Physician ONLY if required) See Above:

Medical Clearance to Race a Go Kart (to be completed by your Doctor/Physician ONLY if required) See Above

Doctor/Physician Name:  Telephone No:

Doctor/Physician Address  Doctor's Stamp

Having Examined  (Applicant's Name)

Who I understand is applying for an AIDKA Licence to race Go Kart, in my opinion,

There are no medical conditions that would detrimentally affect his/her ability to control/drive a Go Kart