



INTERNATIONAL HOT ROD ASSOCIATION AUSTRALIA
 7/62 RAMSET DRIVE | CHIRNSIDE PARK | VIC | 3116
 PH: 03 9736 9578 | Email: admin@ihraaustralia.com.au

MEDICAL PHYSICAL FORM

Medical Examination Record Applicable to IHRA Australia licence holder ONLY
 (must be completed by a Medical Practitioner registered to practice medicine in Australia)

Surname	<input type="text"/>	Given Names	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State/Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
D.O.B.	<input type="text"/>	Male / Female	<input type="text"/>

The following section is to be completed by applicant PRIOR to seeing your Medical Practitioner

MEDICAL HISTORY

Have you ever had any of the following (for each "YES" checked describe conditions in Remarks below)

Y	N	CONDITIONS	Y	N	CONDITIONS
		Frequent or severe headaches			Motion sickness
		Dizziness or fainting spells			Earache or discharge from ear
		Indigestion, gastric or duodenal ulcers			High or Low blood pressure
		Kidney stone or blood in urine			Asthma
		Diabetes			Rejection for Life insurance
		Sugar or albumen in urine			Admission to hospital
		Epilepsy or fits			Any illness not already mentioned?
		Heart trouble			Are you taking any prescribed medications?

Remarks: _____

MEDICAL TREATMENT WITHIN THE PAST FIVE YEARS

DATE	Name of Physician Consulted	Reason

APPLICANTS DECLARATION *(An applicant declaring false information is liable to refusal of licence, or licence being cancelled)*
 I hereby certify that all statements and answers provided by myself in this examination form are complete and true to the best of my knowledge, they are complete and correct, and that I have not withheld any relevant information or made any misleading statement.

 SIGNATURE OF APPLICANT

 DATE

NOTES FOR EXAMINERS

VISION TESTS

Squint - Vertical or horizontal obvious or become obvious eye is covered.

Eye fixed on examiner. Peripheral vision to hand movement either eye separately.

Use Snellen's type at 6 metres

EG: A - 6/6 eye readings

D - 6 line at 6 metres or D = 3 lines at 3 metres

A - 6/9 eye readings

D - 9 line at 6 metres or D = 4.5 lines at 3 metres

CONTACT LENSES

If this examination is the first wearing of contact lenses a report from the ophthalmologist is required, stating their 1. Stability 2. Duration of daily use and 3. Suitability for Drag Racing.

IMPORTANT: IF SIGNIFICANT ABNORMALITIES ARE FOUND PLEASE OBTAIN SPECIALIST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM.

MEDICAL PHYSICAL REPORT - CONFIDENTIAL

Patient Name:

D.O.B Height (cm) Weight (kg)

Cardiovascular System

Pulse Rate? (MAX 100) Are the peripheral pulses abnormal? Yes No

Is the rhythm abnormal? Yes No Is there any evidence in the history

Blood Pressure? (MAX 150/90) / or examination of past or present

Respiratory System

Is there any abnormality of the respiratory system? Yes No Is the patient a smoker? Yes No

Abdomen

Any abnormality? Yes No

Urine

Albumen Yes No

Sugar Yes No

Diabetes

Does the patient have diabetes Yes No

If "YES" Complete the following

Controlled by Tablet Insulin

Compliant with medication Yes No

CNS (Central Nervous System)

Sedative or tranquiliser drugs? Yes No Any abnormality? Yes No

ENT (Ear - Nose - Throat)

Vestibular System Yes No Any abnormality? Yes No

Vision

Eyes - any abnormalities? Yes No Eye movements - cover test Yes No

Fields - Confrontational test Yes Yes

Visual Acuity
NATURAL SIGHT

RIGHT	LEFT
6 /	6 /

WITH CORRECTION

Spectacles Yes No
Contact Lenses Yes No

RIGHT	LEFT
6 /	6 /

EXAMINERS COMMENTS

On History

On Examination

Patient is Physically fit to take part in Drag Racing Yes No

MEDICAL EXAMINER'S DECLARATION: I hereby certify that I personally examined the applicant named on this medical examination report and any attachment embodies my findings completely and correctly.

Examination Date

Medical Practitioner's Name and Address

STAMP or BLOCK LETTERS

Medical Practitioner's Signature

Please forward completed and signed to: IHRA Australia Head Office
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