

## 2020/21 MEDICAL FORM

(For Season Ending June 2021)

### IMPORTANT NOTES TO APPLICANT

1. Please complete sections 1 & 2 of this form. Print clearly with a black ballpoint pen. These sections must be done prior to visiting your Practitioner (Doctor).
2. Prior to your visit to your Practitioner you should telephone for an appointment.
3. Sections 1, 2 & 3 of this form are retained by the Practitioner for their records.
4. Section 4 is to be returned to Ski Racing Australia, PO Box 919, Merlynston, Vic 3058 Email: [memberships@skiracing.com.au](mailto:memberships@skiracing.com.au)

Section 1 (to be completed by Applicant)

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

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

\_\_\_\_\_

STATE: \_\_\_\_\_ P/CODE \_\_\_\_\_

POSTAL ADDRESS (If different from residential address) \_\_\_\_\_

\_\_\_\_\_

STATE: \_\_\_\_\_ P/CODE \_\_\_\_\_

PHONE: (W) \_\_\_\_\_

(H) \_\_\_\_\_

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

OCCUPATION: \_\_\_\_\_

**SECTION 2(to be completed by Applicant)**

STATEMENT BY APPLICANT	Please tick	Yes	No
a) Do you, at present, have any disease or disability?			

Have you ever suffered from:

b) Anxiety State. Depression or any nervous or mental disorder?			
c) Headaches - recurrent or severe?			
d) Epilepsy, fits, turns or blackouts?			
e) Fainting, giddiness or dizziness?			
f) Head injury or concussion?			
g) TB, Bronchitis, Asthma or Pneumonia?			
h) Rheumatic Fever or heart disease?			
i) Indigestion, gastric or duodenal ulcer?			
j) Kidney or bladder trouble?			
k) Diabetes?			
l) Anemia or other blood disorder?			
m) Jaundice, hepatitis or glandular fever?			
n) Noises in ear, earache or discharge?			
o) Chronic sinus trouble?			
p) Any surgical operation?			
q) Any fracture or broken bones?			
r) Any illness or injury not mentioned?			
s) Wear glasses or contact lenses?			
t) Take any tablets, injections or other form of medication?			

For each 'Yes' answer, please provide full details (including dates where applicable) in space below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: if there is not enough space here, please attach an additional page with the details.**

**Section 3 - Declaration to be completed by Applicant**

I,.....hereby declare that I have carefully considered my answers to the questions above, and that to the best of my knowledge that they are complete and correct and I have not withheld any information or made any misleading statement. Furthermore, I declare that, should I sustain any accident or injury, or should any of the above answers not continue to apply throughout the currency of any licence issued to me on the basis of this medical examination, I agree to immediately surrender such licence to the SRA and agree to submit myself for a further medical examination. I authorise the Medical Assessor, or his/her representative of SRA to obtain relevant clinical records, X-rays and pathology reports from any hospital or medical practitioner that I have previously attended. If a female applicant, I agree to abstain from exercising the privileges of this licence in the last four (4) months of pregnancy.

**Date:** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

**Witness - Practitioner** \_\_\_\_\_

## SECTION 3

### Examination By Medical Examiner

<b>AGE</b>	<b>HEIGHT</b>	<b>WEIGHT</b>
------------	---------------	---------------

<b>PULSE RATE</b>	<b>BLOOD PRESSURE</b>
-------------------	-----------------------

	Tick Answers	
	Norm	Abnorm
<b>CARDIOVASCULAR SYSTEM</b>		
Heart Size		
Heart Sounds		
Murmurs		
ECG (if required)		
<b>RESPIRATORY SYSTEM</b>		
Air Entry		
Breath Sounds		
Accompaniments		
<b>ABDOMEN</b>		
Viscera		
Hernia orifices		
<b>ENT &amp; VESTIBULAR SYSTEMS</b>		
Tympana		
Nystagmu		
Sharpened Rhomberg		

	Tick Answers	
	Norm	Abnorm
<b>CENTRAL NERVOUS SYSTEM</b>		
Intellect		
Deep reflexes		
co-ordination		
<b>LIMBS</b>		
Deformity		
Range of joint movement		
<b>URINE</b>		
Protein		
Glucose		
<b>VISUAL SYSTEM</b>		
Eyes - any abnormality		
General inspection		
Eye movements, cover test		
Fields, Confrontation test		

#### VISUAL ACTIVITY

<b>NATURAL SIGHT</b>	Right	Left
	6 /	6 /

<b>WITH CORRECTION SPECTACLES / CONTACT LENSES</b>	Right	Left
	6 /	6 /

**SECTION 4**

**ONLY this page** is required to be returned to Ski Racing Australia  
 PO Box 919, Merlynston, 3058, Vic or email: [memberships@skiracing.com.au](mailto:memberships@skiracing.com.au)

**MEDICAL EXAMINATION RECORD**

**SEASON 2020/21**

PLEASE PRINT CLEARLY WITH A BLACK BALL POINT PEN

MEMBER DETAILS
SURNAME:
GIVEN NAME:
ADDRESS:
DATE OF BIRTH:

**THE BELOW IS TO BE COMPLETED BY MEDICAL PRACTITIONER**

Today I have examined, .....

This applicant is **FIT / UNFIT** (please circle) to participate in Water Ski Racing.

This applicant is assessed as being suitable for competition and requires a further medical:-

**'A'** (every 2 years) Expires **30/6/22** (please circle A or B)

**'B'** (yearly) Expires **30/6/21**

Name of Practitioner (Please print): .....

.....  
 Signature of Practitioner Date of Examination

***To enable the applicant to be given a licence, it is required that the stamp of the Practitioner/or Medical Practice be placed on this document, to ensure authenticity. Failure to do this will result in the non-acceptance, by Ski Racing Australia, of this application.***