

This form is to be completed if required, prior to the issue of a Karting NSW Karting Licence, or at any other time as deemed necessary by Karting NSW.

Competitor Name		Doctor Name	
Address		Address	
Phone		Phone	
Email		Doctor Stamp	
		Signature	
		Date	
Further Comment			

<input type="checkbox"/>	I understand that the above named person is applying to race/practice karts. I am of the opinion that there are <b>NO MEDICAL CONDITIONS</b> that would detrimentally impact his/her ability to control a motor vehicle (kart).
<input type="checkbox"/>	I understand that the above named person is applying to race/practice karts. I am of the opinion that there <b>ARE MEDICAL CONDITIONS</b> that would detrimentally impact his/her ability to control a motor vehicle (kart).

Below are questions that have been provided by the applicant when applying for a licence. In your opinion, please state if agree by inserting Y or disagree by inserting N.

Have you ever been rejected, or accepted at an increased premium, for life insurance on medical grounds?	Y / N
Are you currently taking any medication that can impair your concentration or ability to control a vehicle?	
Do you have any conditions that could interfere with your fine movement of your hands, arms or legs?	
Are you required to undertake a state roads or traffic authority medical examination to obtain a motor vehicle licence?	
Have you ever been diagnosed as having, and/or had treatment for:	
<ul style="list-style-type: none"> <li>A psychiatric or psychological illness?</li> </ul>	
<ul style="list-style-type: none"> <li>Persistent or severe headaches, head injury, epilepsy, seizure or loss of consciousness?</li> </ul>	
<ul style="list-style-type: none"> <li>Heart or lung disease, includes infection, blood vessel disease, blood pressure, coronary bypass, angioplasty, or other major medical procedure?</li> </ul>	
<ul style="list-style-type: none"> <li>Cancer, diabetes, kidney, liver, gastrointestinal, thyroid or blood disorders, including any associated surgical procedures?</li> </ul>	
<ul style="list-style-type: none"> <li>A significant illness, injury or surgery not already noted?</li> </ul>	
Do you suffer from any ear disorder that may affect your balance, including tinnitus?	
Is your eyesight impaired for distance vision to such an extent that it cannot be corrected?	
Are you required to wear spectacles to correct distance vision?	
Is your hearing significantly impaired in any way?	
Do you hold a current motor vehicle drivers licence? If not, why?	
Have you ever had your motor vehicle drivers licence suspended for medical reasons?	