

AUSTRALIAN POWER BOAT ASSOCIATION
MEDICAL CLEARANCE TO RACE
AFTER AN ACCIDENT, DISABILITY OR ILLNESS

A Driver who is the holder of a current medical certificate and who meets with an accident or suffers from an illness or disability during the currency of that medical certificate, must produce a new medical certificate from his doctor, or a doctor nominated by the APBA, following such accident, disability or illness (Rule 102.03)

PART A - TO BE COMPLETED BY PERSON ISSUING THIS FORM

- This form may be taken to the Doctor of your choice
- This form must be taken to a specialist in
- This form must be taken to Dr at

PART B - TO BE COMPLETED BY APPLICANT PRIOR TO MEDICAL EXAMINATION

Surname First Names

Address Suburb

APBA Licence Number SBA Licence Number

Date of Accident / Illness Location

Have you suffered An Accident Illness Disability

What was the nature of your Accident / Disability / Illness

.....

If an accident where you treated at the scene for injuries..... Yes No

Were you treated in a Hospital Yes No

Name of Hospital or Doctor where treatment was obtained

In an accident what were the injuries sustained.....

.....

In your opinion are you recovered from your illness / injuries / disability so as not to endanger yourself or fellow competitors in a power boat..... Yes No

Where possible please attend the same doctor for this clearance as treated you after the accident, and take any X Rays or results of any tests or notes given to you since then or at the time.

I hereby grant the medical practitioner I am attending permission to obtain my medical records.

Signature of Applicant Date

PART C - TO BE COMPLETED BY MEDICAL PRACTITIONER

This is to certify that I have read the above statements by M/s and have examined them clinically to ensure the illness, disability or injuries noted above will no longer make it unsafe or unwise for them to drive a racing power boat at speed in races.

I also have uncovered no other reasons or conditions that would make the applicant unfit for competition.

Signature of Practitioner Date

Name (In block letters) Qualification