

Important If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to CAMS Member Hotline – 1300 883 959.

Notes:

1. Photo ID required.
2. Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
3. If the applicant wears contact lenses, please attach to this report a certificate from the Ophthalmic Practitioner who fitted them, stating their (i) stability, (ii) duration of daily use and (iii) condition.
4. BMI (i) The Body Mass Index is weight (in kilograms) divided by the square of the height (in metres).
(ii) 20-25 Acceptable – normal range
25-30 Health risk area
30-35 Obese
35-40 Morbidly obese
5. References to Cardiovascular or CV score allude to the Framingham Study.
6. The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in Examiner's Comments.

Member's name: _____ Member (licence) no: _____ Licence level: _____

What is the applicant's: Height (in cm) _____ Weight (in kg) _____ Body Mass Index _____ CV Score _____

Reference to CV Score chart also required for all applicants.

Cardiovascular System

What is the pulse rate? (MAX 100) _____
 Is the rhythm abnormal? Yes No
 What is the blood pressure? (MAX 150/90) _____ / _____
 Are the peripheral pulses abnormal? Yes No
 Is there any evidence in the history or examination of past or present ischaemic heart disease? Yes No

Fasting LIPIDS LDL _____
 HDL _____
 Fasting GLUCOSE _____

Respiratory System

Is there any abnormality of the respiratory system on examination? Yes No
 Is the applicant a smoker? Yes No

Abdomen

Is there any abnormality of the abdomen on clinical examination? Yes No

Urinary Examination

Does the applicant's urine contain Protein Yes No
 Glucose Yes No
 Other abnormality? Yes No

Locomotor System

1. Physical deformity, amputation or use of any orthopaedic appliance? Yes No
 2. Is there any impaired functional use, either from 1 (above) or otherwise? Yes No
 Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor vehicle? Yes No

Central Nervous System

Is there abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on examination? Yes No
 Is there any sensory impairment? Yes No

ENT System

Is there any evidence of past or present vestibular disturbance, including intermittent conditions? Yes No
 Is there any abnormality of the ENT system on clinical examination? Yes No

Visual System

Has the applicant any evident abnormality of the eyes? Yes No
 Are contact lenses worn? (Certificate of Ophthalmic Prac. required if YES)
 Has the applicant undergone refractive surgery? (Certificate of Ophthalmic Practitioner required if YES)

Visual Acuity

Test each eye separately with letter chart at 6m
 Record in metric Snellen notation: eg, 6/9
 Record number of errors made in smallest line read: eg, 6/9 -3 RE LE
 Unaided (without contact lenses or spectacles) 6/ _____ 6/ _____
 With spectacles or contact lenses 6/ _____ 6/ _____

Visual fields

Do a confrontation test for each eye separately.
 Is there any ocular or general medical history that suggests the possibility of visual field loss? Yes No
 Does the confrontation test suggest a loss of visual fields in either eye? Yes No

Colour vision

Test with Ishihara for first licence only.
 More than three (3) errors is a FAIL indicating abnormal colour vision.
 Ishihara test failed? Yes No
 If YES, the applicant will most likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist or
 when visual acuity (with glasses if any or unaided if no glasses) is:
 – less than a full 6/7.5 in either eye (International Licence)
 – less than 6/9 -2 in the better eye or less than 6/18 -2 in the other eye (National Licence)

The applicant should contact CAMS to obtain a copy of the Vision Report Form to be completed by the optometrist or ophthalmologist they consult. When completed, the form should be returned to CAMS and included with the Medical Examination Record. CAMS will take into account the optometrist/ophthalmologist report when determining the applicant's fitness to participate in motor sport.

ECG

A *resting ECG* is required with *all* Medical Examinations.

ECG Results: _____ / _____ Other comments:

ECG abnormal? **Yes** **No**

If abnormal, date completed: _____ - _____ - _____

Examiner's Comments

- 1 **On history:**

- 2 **Are there any unfavourable traits in applicant's personality, revealed by history, appearance or behaviour?**

- 3 **Has the applicant been prescribed drugs which are in contravention of the CAMS Anti-Doping policy, or inhaled asthma medications?**
If so, please advise drug, dosage and reason:

- 4 **In your opinion, is the applicant fit to participate in motor sport?** **YES** **NO** **FURTHER ASSESSMENT**

Statement by Registered General Practitioner

The applicant was examined on: _____ - _____ - _____

Applicant's photo ID sighted? **YES** **NO**

Are you the applicant's normal GP? **YES** **NO**

Name of medical examiner: _____

Address of medical examiner: _____

Suburb: _____ State: _____ Postcode: _____

Examiner's signature

SIGN HERE

MEDICAL EXAMINERS STAMP

This medical is only valid for 3 months from the date of examiners signature

Please return to: MEMBER SERVICES, PO BOX 427, CAULFIELD EAST, VIC 3145 or email to: memberservices@cams.com.au

MEMBER SERVICES AND STATE MEDICAL ASSESSORS USE ONLY

CAMS MEMBER NO.	NEXT EXAM DUE	INT	Medical every year	NAT	Medical every two years	UNFIT
MEDICAL DETAILS TO BE ENTERED ON LICENCE:				ASSESSOR'S SIGNATURE		
VISUAL CORRECTION REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGN HERE				
OTHER (PLEASE SPECIFY):		DATE _____ - _____				