

MEDICAL DETAILS

All details provided will be handled under the Privacy Act 1988 and all introduced reforms relating to this act.

Driver Name		Boat Name	
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Details	Yes	No	Notes (if required)
Epilepsy or loss of consciousness for any reason			
Hemiparesis, Hemiplegia or Paraplegia			
Recurrent Dizziness or Headache			
Head Injury or Concussion			
Mental Nervous Disorder			
Impaired Vision in one or both eyes			
Deafness in both ears			
Heart or Heart Valve problems			
Hypotension or Hypertension			
Any other Cardiovascular condition			
Asthma			
Any other Chest/Respiratory condition			
Gastrointestinal condition			
Kidney condition			
Type 1 or Type 2 Diabetes			
Any blood disorder eg: Hemophilia			
Bone or joint injury or disease			
Amputation of limb or part thereof			
Cancer or Organ Transplant			
Any other illness likely to affect your ability			
Major surgeries in last 5 years			
Do you take Prescription Medication			
Allergies to Medication			
Have you ever been prohibited from participating in any form of motor sport on medical grounds			
Have you ever been prohibited from participating in any form of motor sport on other grounds			
Blood Type			
Known Allergies			
Medications			
Medicare Number			
Private Health Fund Name and Number			