Logo

Description automatically generated

**AIDKA MEDICAL CLEARANCE FORM - 2023**

If you have answered “yes” to any of the following questions 1-11 on the online AIDKA licence application, and you are applying for a licence to drive a go-kart you are required to have your doctor complete the medical clearance below.

If your licence application requires a medical clearance, it will not be processed until that clearance is received.

None of these items will necessarily preclude you from holding a licence, but it is a safety and Insurance requirement that the information above is disclosed.

Once this form is completed, please email to AIDKA Secretary, Kylie Thompson [secretary@aidka.com.au](mailto:secretary@aidka.com.au)

|  |  |  |
| --- | --- | --- |
| **AIDKA Medical Declaration** | | |
| **Statement by Applicant (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes** | **No** |
|  |  |  |
| 1. Have you even been declined Life Insurance on medical grounds? |  |  |
| 1. Are you required to take a state roads or traffic authority medical examination to obtain a motor vehicle licence? |  |  |
|  |  |  |
| ***HAVE YOU EVER SUFFERED, BEEN DIAGNOSED OR HAD TREATMENT FOR: -*** |  |  |
| 1. Any medical or surgical conditions that could interfere with the fine movements of your arms and legs? |  |  |
| 1. A psychiatric or psychological Illness? |  |  |
| 1. Persistent or severe headache, head injury, epilepsy, seizure, fainting or giddiness? |  |  |
| 1. Heart or lung disease, blood vessel disease, hypertension, coronary bypass or other major surgical procedures? |  |  |
| 1. Cancer, kidney, bladder, diabetes, gastrointestinal, thyroid or blood disorders including any surgical procedure? |  |  |
| 1. A significant illness, injury or surgery not listed? |  |  |
| 1. Any ear disorder that may affect your balance including tinnitus? |  |  |
| 1. Eyesight impaired for distance vision to such an extent that it cannot be corrected? |  |  |
| 1. Are you taking any injections, tablets or other forms of medication? |  |  |
|  |  |  |
| 1. Are you required to wear spectacles to correct distance vision? |  |  |
| 1. Are you on Workcover/Workers Compensation? (If YES, drivers are not permitted to race) |  |  |

|  |
| --- |
| **Declaration** |
| 1. I certify that the statements made to AIDKA regarding my physiological and physical condition and any previous illness are true and correct. 2. I declare that should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges, will notify AIDKA and submit to a further medical examination the results of which are to be forwarded to the AIDKA Secretary [secretary@aidka.com.au](mailto:secretary@aidka.com.au) 3. I undertake not to use medication or drugs that might be considered illegal within a period of 24hrs prior to a race competition or any participation of any sort. |
| Applicant Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *An Applicant making a false declaration is liable to refusal/cancellation of their AIDKA Licence* |

|  |
| --- |
| **Medical clearance to race a Gokart** (to be completed by your Dr/Physician ONLY if required) See above: |
| Doctor/Physician Name: |
| Doctor/Physician  Address:  Phone #  **AND**  Doctor/Physician stamp |
| Having examined:  (Applicants name)  who I understand is applying for an AIDKA Licence to race a Gokart. In my medical opinion, there are no medical conditions that would affect his/her ability to control/drive a Gokart.  Any further comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Doctor/Physician  Signature/Date |