

**AIDKA MEDICAL CLEARANCE FORM - 2024**

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

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| **AIDKA Medical Declaration** |
| **Statement by Applicant (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes** | **No** |
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| 1. Have you even been declined Life Insurance on medical grounds?
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| 1. Are you required to take a state roads or traffic authority medical examination to obtain a motor vehicle licence?
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| ***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?
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| 1. A psychiatric or psychological Illness?
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| 1. Persistent or severe headache, head injury, epilepsy, seizure, fainting or giddiness?
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| 1. Heart or lung disease, blood vessel disease, hypertension, coronary bypass or other major surgical procedures?
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| 1. Cancer, kidney, bladder, diabetes, gastrointestinal, thyroid or blood disorders including any surgical procedure?
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| 1. A significant illness, injury or surgery not listed?
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| 1. Any ear disorder that may affect your balance including tinnitus?
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| 1. Eyesight impaired for distance vision to such an extent that it cannot be corrected?
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| 1. Are you taking any injections, tablets or other forms of medication?
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| 1. Are you required to wear spectacles to correct distance vision?
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| 1. Are you on Workcover/Workers Compensation? (If YES, drivers are not permitted to race)
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| **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
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.
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| Applicant Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *An Applicant making a false declaration is liable to refusal/cancellation of their AIDKA Licence* |

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| **Medical clearance to race a Gokart** (to be completed by your Dr/Physician ONLY if required) See above: |
| Doctor/Physician Name:  |
| Doctor/PhysicianAddress: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 |