



## 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](mailto:secretary@aidka.com.au)

### AIDKA Medical Declaration

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

## Declaration

- a. I certify that the statements made to AIDKA regarding my physiological and physical condition and any previous illness are true and correct.
- b. 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)
- c. 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?

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Doctor/Physician  
Signature/Date