

Drivers Medical Form (one form required per entrant.)

Date of Birth		Medicare #		Health Insurance Policy #	
Doctor		Doc. Phone		Ambulance Membership	
Medication		Allergies		Other Drugs	
Ailments		Surgeries		Blood Type	
Person(s) to notify in case of emergencies		1.	2.	Phone #	

Conditions you have OR have had in the past (please check alongside if one or more items apply to you.)

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|--------------|--------------------------|--------------|--------------------------|-----------------|--------------------------|---------------------|--------------------------|----------------------|--------------------------|
| Arthritis | <input type="checkbox"/> | Drinker | <input type="checkbox"/> | Head Injury | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Shortness of Breath | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Ear Problems | <input type="checkbox"/> | Hearing Loss | <input type="checkbox"/> | Hives | <input type="checkbox"/> | Sinus Trouble | <input type="checkbox"/> |
| Back trouble | <input type="checkbox"/> | Emphysema | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | Jaundice | <input type="checkbox"/> | Smoker | <input type="checkbox"/> |
| Broken Bones | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Haemophilia | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | Stomach Trouble | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | Eye Problems | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | Nervous Trouble | <input type="checkbox"/> | Stroke | <input type="checkbox"/> |
| Chest Pain | <input type="checkbox"/> | Gall Bladder | <input type="checkbox"/> | Rheumatism | <input type="checkbox"/> | Paralysis | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Goiter | <input type="checkbox"/> | Haemorrhoids | <input type="checkbox"/> | Polio | <input type="checkbox"/> | Tumour, Cyst, Growth | <input type="checkbox"/> |
| Diphtheria | <input type="checkbox"/> | Hay Fever | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | Respiratory Problem | <input type="checkbox"/> | Ulcer | <input type="checkbox"/> |

Emergency Authorization: In the case of an emergency wherein I am incapable of giving consent due to illness or injury. I hereby authorize any qualified person to administer first aid and / or any other necessary treatment.	Signed:
Emergency Surgical Authorization: In case of emergency wherein I am incapable of giving consent due to illness or injury, I hereby authorize any licensed surgeon and his choice of anaesthetist to perform surgery, if necessary. The need for surgery must be agreed upon by two (2) physicians qualified to make such a judgement.	Signed:
Donor Authorization: (Optional) In the hope that it may help others. I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires to give (a) any organs or parts. (b) Only the following organs or parts. Specify the organs or parts	Signed: Witnessed:

Disclaimer

Motor racing is dangerous and neither the Dry Lakes Racers Australia, the proprietors of Mt. Ive Station, the Government of South Australia, nor any promoter or conveyor of this or other meetings will be held responsible and the competitor whose signature appears below hereby agrees to make no claim whatsoever against Dry Lakes Racers Australia Inc., promoters or conveyors for any damage, injury or loss arising out of or in connection with any activity convened by Dry Lakes Racers Australia Inc.

Signed :

Release

I, the undersigned in consideration of the timing, track, accommodation and other facilities, waive any and all legal liability and / or cause of action that I may now have or hereafter acquire against the Dry Lakes Racers Australia, or any of its members or anyone employed or acting as timers, judges or in any other capacity in conducting such races and / or timing event at Lake Gairdner or any other place.

Signed :

All details must be complete, failure to do so will result in your entry NOT being accepted and returned to you.

<p>DRY LAKES RACERS AUSTRALIA PO Box 349 Castlemaine VIC 3450 Phone : 03 5472 4629 Fax : 03 5472 3194 URL : http://www.dlra.org.au General Information: webmaster@dlra.org.au Entries & Credit Card email: secretary@dlra.org.au</p>
