



# DLRA Medical Examination

For entrants over 175mph only

Member's name:

Date of Birth:

DLRA Member Number:

Height (cm):

Weight (kg):

BMI:

<b>Medical History</b>			
Diabetes	Yes / No	Epilepsy	Yes / No
Ischaemic Heart Disease	Yes / No	Stroke/TIA	Yes / No
Cardiac Arrythmia	Yes / No	Medication that may impair driving	Yes / No
Movement Disorder (e.g. Parkinsons)	Yes / No		
<b>Cardiovascular</b>		<b>ENT</b>	
Pulse Rate?		Any history of vestibular disturbance?	Yes / No
Abnormal Rhythm?	Yes / No	Any abnormality on ENT examination?	Yes / No
Blood pressure?			
Are the peripheral pulses abnormal?	Yes / No	<b>Vision</b>	
Is there any evidence in the history or examination of past or present ischaemic heart disease?	Yes / No	Is the person monocular?	Yes / No
		Wears corrective lenses (distance)?	Yes / No
<b>Respiratory</b>		<b>Visual Acuity</b>	
Smoker?	Yes / No	Unaided	L R
Any abnormality on exam?	Yes / No	Aided	L R
		Visual Field Abnormality?	Yes / No
<b>Locomotor System</b>			
Any deformity/amputation?	Yes / No	<b>ECG</b>	
Any impairment of normal motion?	Yes / No	<i>ECG is required for all medicals.</i>	
Any impairment of strength, tone, or coordination?	Yes / No	ECG Abnormal?	Yes / No
<b>Urinalysis</b>		<b>Appearance/Behaviour</b>	
Protein?	Yes / No	Any features of concern?	Yes / No
Glucose?	Yes / No		

Please attach any reports or any pathology or radiology results relevant to this application.

1. In respect of each 'YES' response, please provide details.

**DRY LAKES RACERS AUSTRALIA**

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2. Is there any feature found in history or examination that may cause concern that the applicant is not fit to undertake land speed racing?

*Please note that the final arbiter of participation shall be the DLRA Committee, advised by the Chief Medical Officer, and this form does not constitute a declaration of fitness.*

The applicant was examined on        /        /        .

Photographic identification sighted        Yes / No

Are you the applicant's regular GP        Yes / No

Examiner's Name (or stamp):

Examiner's Address:

Examiner's Signature:

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