

Section 2 – Maintenance Questions & Lecture + OLT Registration

Please indicate the nature of this licence application by ticking the appropriate box.

Renewal
Please complete **section 2A** below
PLEASE DO NOT SEND IN YOUR PASSBOOK

New licence application
Please go to **section 2C** below

Renewal and adding an extra discipline
Please complete **section 2A** and then go to **section 2B** below

Section 2A – Renewals

For **International Circuit Racing** including **ICA, ICB** renewals:
Have you participated or been observed in **one** international event in the past 12 months?

Yes
Give date and title of event(s) below & then go to **section 3**

No
Please contact (Corporate Services) 1300 883 959

Event title:

Date:

For **International Circuit Racing** including **ICC, H1, H4, ISK** renewals:
Have you competed at **two** national or **one** international circuit or superkart events in the **previous** year?

Yes
Give date and title of event(s) below & then go to **section 3**

No
Please contact (Corporate Services) 1300 883 959

Event title:

Date:

For **PCC & CC, PC & NC, PSK & NSK** renewals:
Have you competed at a CAMS permitted circuit or superkart race event during the last **two** years?
If you are upgrading your licence at renewal please enclose a copy of your signatures.

Yes
Give date and title of event below & then go to **section 3**

No
Please contact (Corporate Services) 1300 883 959

Event title:

Date:

For **Rally Licence** renewals:
Have you competed in the appropriate role at a CAMS permitted rally event during the last **four** years? e.g. if NR, then must have driven.

Yes
Give date and title of event below & then go to **section 3**

No
Please contact (Corporate Services) 1300 883 959

Event title:

Date:

For **Off Road Licence** renewals:
Have you competed in the appropriate role at a CAMS permitted off road event during the last **four** years? e.g. if NO, then must have driven.

Yes
Give date and title of event below & then go to **section 3**

No
Please contact (Corporate Services) 1300 883 959

Event title:

Date:

Section 2B – Adding Extra Disciplines

Which discipline are you wishing to add?

Circuit/Historic/ Superkart
Go to **section 2C**

Rally
Go to **section 2C**

Off-Road
Go to **section 2C**

Section 2C – Lecture & OLT Registration

If you are required to complete a lecture would you like to register to complete it **on-line** or complete it by attending a **face to face lecture**?

Note: For further details on completing lectures, please see application note on Lectures & Observed Licence Test page 9.

Email:

On-line
Please supply email address (**if different from section 1A**) below & then go to **next question**

Face to face
Please call your CAMS state office 1300 883 959 & then go to **next question**

Are you required to complete an observed licence test?

Note: For further details on completing OLTs, please see application note on Licence Performance and Skill Criteria pages 10-12.

Yes
Please call your CAMS state office

No
Go to **section 3**

Section 4 – Health Statement

Step 1 – Statement

(Tick appropriate boxes)

4.1 Have you ever been rejected, or accepted at an increased premium, for life insurance on medical grounds? Yes No

4.2 What is your regular/preferred doctor's name and address?

Name:

Address:

Town/Suburb: Postcode:

Have you ever been diagnosed as having, and/or have had treatment for:

4.3 A psychiatric or psychological illness? Yes No

4.4 Head injury , epilepsy , seizure or loss of consciousness ? Yes No

4.5 Heart or lung disease, including infection , blood vessel disease or hypertension ? Yes No

4.6 Cancer , diabetes , kidney , liver , gastrointestinal , thyroid or blood disorders? Yes No

4.7 Eye disease , Double vision ? Yes No

4.8 Allergies or side effects of medications? Yes No

4.9 Are you currently taking any medications, including self medications or alternative therapies, orally or by injection? Yes No

4.10 Have you had surgical procedures involving heart , lung , abdomen , brain , and bones and joints , or any other area , or any significant illness, psychological or physical in the past? Yes No

If you answered 'Yes' to any of the questions above, please supply further details below (including **dates, duration, treatments and outcomes of condition(s), continuing therapies and names of drugs and dosages** currently taken).

Attach another sheet if you require more space than is available.

Note: Some medication will require a therapeutic use exemption under the CAMS Anti Doping Policy please refer to the web site for clarification.

4.11 Are there any problems with your vision in either eye for distant vision?
If you answered 'No' Go to question 4.13 Yes No
Go to **question 4.13**

4.12 Is your eyesight correctable in both eyes with spectacles or other correction?
If you answered 'No' please supply further details in the space below: Yes No
Enter detail

4.13 Are there any changes in your health since your last Health Statement or CAMS Medical Examination?
If you answered 'No' Go to step 2. Yes No
Go to **step 2**

4.14 Please provide details of changes to medical status:

Go to **step 2**

Step 2 – Declaration

I declare that the information I have provided is true, accurate and complete and there are no other factors of which I am aware which would affect this application in any way. I undertake to provide any further information should my medical situation change at any time during the period of the licence.

Applicant's
signature:

SIGN HERE

Date:

/ /

Now continue to **section 5**

Section 5 – Do I need a medical examination?

This information is designed to help you determine whether you need an examination from a **CAMS-designated Medical Examiner or Designated Aviation Medical Examiner**.

Which licence type are you applying for?

I am applying for: **PCC, CC, PC, NC, PSK, PSKJ, NSK, NSKJ, NOS licence levels** – Read the instructions for these licences below:

Applicants for these licences will be required to complete the **Health Statement** (section 4) and to be medically examined by a CAMS-designated Medical Examiner as follows:

- On your next due date as printed on your renewal form.
- If this is a new application.
- If 45 years of age and over, every second year, unless annual medical examinations have been requested by a **CAMS Medical Assessor**.
- CAMS Medical Examination Record (pages 7 and 8) will be completed by the CAMS-designated Medical Examiner or Designated Aviation Medical Examiner (DAME) must be forwarded with the licence application and completed Health Statement (section 4) to CAMS Member Services.

Each Medical Examination will require the following tests

LDL Cholesterol
HDL Cholesterol } **Fasting**
Glucose
Resting ECG

Applicants exchanging an overseas drivers licence are still required to undergo a CAMS Medical Examination in accordance with the FIA International Sporting Code.

Go to **section 6**, although you must ensure that you comply with the above.

The medical is only valid for 3 months from the date of examiners signature

I am applying for: **NR, NRJ, CR, CRN, NRN, NRNJ, NO, NON, NOJ, NONJ licence levels** – Read the instructions for these licences below:

Applicants for these licences are required to complete the **Health Statement** only (section 4).

Go to **section 6**, although you must ensure that you comply with the above.

I am applying for: **International licence level** – Read the instructions for these licences below:

Applicants for these licences are required to complete the **Health Statement** (section 4) **and**; as required by the Federation Internationale de l' Automobile (FIA), applicants for international licences, irrespective of motor sport discipline, will be required to undertake an annual medical examination by a CAMS-designated Medical Examiner. Those applicants aged 45 and over will be required to undergo a stress ECG every second year or more often if requested by the CAMS Medical Assessor.

Each Medical Examination will require the following tests

LDL Cholesterol
HDL Cholesterol } **Fasting**
Glucose
Resting ECG

Applicants exchanging an overseas drivers licence are still required to undergo a CAMS Medical Examination in accordance with the FIA International Sporting Code.

Go to **section 6**, although you must ensure that you comply with the above.

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PROCEED TO NEXT PAGE TO COMPLETE YOUR APPLICATION

Section 6 – Declaration

Statement to be read and completed by applicant:

I agree to be bound by the rules and regulations of the event and the provisions of the National Competition Rules of the Confederation of Australian Motor Sport Limited ("CAMS") and the International Sporting Code of the Federation Internationale d'Automobile (FIA).

In exchange for being able to attend or participate in the event, I agree:

- to release CAMS and Australian Motor Sports Commission Ltd, promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) ("harm") howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;
- that CAMS and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
- to attend or participate in the event at my own risk.

I/we acknowledge that:

- the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
 - motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
 - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
 - the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by CAMS and the Associated Entities.

I understand that this disclaimer is not intended to exclude any valid claim I may have under the CAMS Personal Insurance Scheme.

I certify that the statements made to CAMS regarding my psychological and physical conditions and any previous illness are true and accurate.

I declare that, should any medical condition arise which would impact on my ability to participate during the currency of this licence, I agree to abstain from exercising the privileges of this licence and to notify CAMS and submit to further medical examination, the results of which are to be forwarded to CAMS' medical assessor. I undertake not to use any drugs or medication that might be considered illegal and/or use any drugs, medications or practices which contravene the CAMS Anti-Doping Policy. I agree to undertake any drug analysis tests, including any for alcohol that may be considered necessary by CAMS. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to CAMS' medical assessor in order to determine competition fitness.

FIA requirement: I undertake to make no use of drugs or of prohibited methods such as are defined in chapters I, II, III of Appendix A of the Anti-Doping Code of the Olympic movement (on the recommendation of World Anti-Doping Agency) and the Anti-Doping Regulations of the FIA.

For female applicants: I agree to abstain from exercising the privileges of this licence while pregnant.

Any applicant making a false declaration is liable to refusal and cancellation of licence and/or insurance cover

Applicant's
signature:

SIGN HERE

Date:

/ /

Section 7 – Consent Statement For Applicants Under 18 Years

Are you under 18 years of age?

Yes

Parent/Legal guardian to sign below

No

You **do not** need to sign below

Consent Statement for applicants under 18 years:

I, (print full name) of (print address) am the parent/ guardian of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/ participating in the event at his/her own risk.

Parent/Legal

Guardian signature:

SIGN HERE (if applicable)

Date:

/ /

Section 8 – Privacy Statement

CAMS requires the information requested above to assess your application and if accepted, to provide you with membership services. Your personal information, including your health information, will only be used in accordance with the objects of CAMS and CAMS general business. You will be able to access your personal information through CAMS upon reasonable notice. If the requested information is not provided you will not be able to receive membership services. By providing the information you consent to CAMS collecting the health information requested in this application form.

I consent to my personal information being used by CAMS' sponsors or other third parties for the purpose of providing me with promotional material from CAMS' sponsors and other third parties. Please tick the box if you **do not** wish to receive any promotional material from CAMS' sponsors or other third parties.

Please return to: CORPORATE SERVICES, PO BOX 427, CAULFIELD EAST, VIC 3145

Medical Examination Record Not applicable to National Off Road & National Rally Licences

(must be completed by CAMS-designated Medical Examiner or Designated Aviation Medical Examiner)

Important If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form.
If doubtful, refer to CAMS Member Hotline — 1300 653 529.

NOTES:

1. Photo ID required.
2. Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
3. If the applicant wears contact lenses, please attach to this report a certificate from the Ophthalmic Practitioner who fitted them, stating their (i) stability, (ii) duration of daily use and (iii) condition.
4. BMI (i) The Body Mass Index is weight (in kilograms) divided by the square of the height (in metres).
(ii) 20-25 Acceptable – normal range
25-30 Health risk area } high risk
30-35 Obese }
35-40 Morbidly obese
5. References to Cardiovascular or CV score allude to the Framingham Study.
6. The "normal" answer to each question below is "NO". In respect of each "YES" response, further details should be provided in Examiner's Comments.

Member's name: Member (licence) no: Licence level:

What is the applicant's:	Height (in cm)	Weight (in kg)	Body Mass Index	CV Score

Reference to CV Score chart also required for all applicants.

Cardiovascular System

What is the pulse rate? (MAX 100)

Is the rhythm abnormal? Yes No

What is the blood pressure? (MAX 150/90) /

Are the peripheral pulses abnormal? Yes No

Is there any evidence in the history or examination of past or present ischaemic heart disease? Yes No

ECG abnormal? Yes No

Is an exercise ECG required? (INT'L ONLY) Yes No

If yes, complete "2" over page

Fasting LIPIDS LDL
HDL

Fasting GLUCOSE

Respiratory System

Is there any abnormality of the respiratory system on examination? Yes No

Is the applicant a smoker? Yes No

Abdomen

Is there any abnormality of the abdomen on clinical examination? Yes No

Urinary Examination

Does the applicant's urine contain Protein Yes No
Glucose Yes No
Other abnormality? Yes No

Locomotor System

1. Physical deformity, amputation or use of any orthopaedic appliance? Yes No

2. Is there any impaired functional use, either from 1 (above) or otherwise? Yes No

Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor vehicle? Yes No

Central Nervous System

Is there abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on examination? Yes No

Is there any sensory impairment? Yes No

ENT System Yes No

ENT System

Is there any evidence of past or present vestibular

disturbance, including intermittent conditions? Yes No

Is there any abnormality of the ENT system on clinical examination? Yes No

Visual System

Has the applicant any evident abnormality of the eyes? Yes No

Are contact lenses worn? Certificate of Ophthalmic Prac. required if YES Yes No

Has the applicant undergone refractive surgery? Certificate of Ophthalmic Practitioner required if YES Yes No

Visual Acuity

Test each eye separately with letter chart at 6m
Record in metric Snellen notation: eg, 6/9
Record number of errors made in smallest line read: eg, 6/9 -3 RE LE

Unaided (without contact lenses or spectacles) 6/ 6/

With spectacles or contact lenses 6/ 6/

Visual fields

Do a confrontation test for each eye separately.

Is there any ocular or general medical history that suggests the possibility of visual field loss? Yes No

Does the confrontation test suggest a loss of visual fields in either eye? Yes No

Colour vision

Test with Ishihara for first licence only.
More than three (3) errors is a FAIL indicating abnormal colour vision.

Ishihara test failed? Yes No

The applicant will most likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist if the answer to any question is YES

or

when visual acuity (with glasses if any or unaided if no glasses) is:
– less than a full 6/7.5 in either eye (International Licence)
– less than 6/9 -2 in the better eye or less than 6/18 -2 in the other eye (National Licence)

The applicant should be given the Vision Report Form to be completed by the optometrist or ophthalmologist they consult. When completed, the form should be returned to the CAMS designated Medical Examiner and included with the Medical Examination Record. The Designated Medical Examiner will take into account the optometrist/ophthalmologist report when determining the applicant's fitness to participate in motor sport.

Please return to: CORPORATE SERVICES, PO BOX 427, CAULFIELD EAST, VIC 3145

Medical Examination Record

Examiners Comments:

1 On history:

.....

.....

.....

.....

2 On examination:

Stress ECG (INT'L ONLY)

Attach ECG Report. / If abnormal, date completed:

Other comments:

.....

.....

3 Are there any unfavourable traits in applicant's personality, revealed by history, appearance or behaviour?

.....

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4 Has the applicant been prescribed drugs which are in contravention of the CAMS Anti-Doping policy, or inhaled asthma medications? Yes No

If so, please advise drug, dosage and reason:

.....

5 In your opinion, is the applicant fit to participate in motor sport? Yes No Further assessment

Statement by CAMS-designated Medical Examiner or Designated Aviation Medical Examiner

I have personally examined the applicant on ____ / ____ / ____ Signature:

Are you the applicant's normal GP? Yes No Photo ID sighted Yes No

Name and address of medical examiner:

.....

.....

Please imprint CAMS Medical Examiner or DAME stamp here

This medical is only valid for 3 months from the date of examiners signature

Member Services and State Medical Assessors Use Only

CAMS Member No.	Next Exam Due	Int Medical every year	Nat Medical every two years	Unfit
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Medical details to be entered on licence: Yes No

Visual Correction required? Yes No

Other (please specify):

Assessor's signature Date

Please return to: CORPORATE SERVICES, PO BOX 427, CAULFIELD EAST, VIC 3145

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