



National & International Supplementary Form

This form is for current National and International Licence holders wishing to apply for upgrades and/or additional disciplines.

Received Stamp Here
(office use only)

Section 1 – Personal Details (begin completing form here)

Member Number:

Licence(s) applied for:

Surname:

Given names:

Address:

Town/Suburb: Post Code:

Telephone: Work: () Home: () Mobile:

Fax: ()

Email:
Email is used to inform CAMS members of news and updates and is not given to any third party.

Date of birth: / / 19

Section 2

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

- Upgrade**
Please attach **copies** of the necessary documentation in accordance with the current CAMS manual. Go to **section 3**
- Adding a new discipline**
Please go to **section 2A** below

Section 2A – 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**?

- On-line**
Please supply email address (**if different from section 1**) below & then go to **next question**
- Face to face**
Please call your CAMS state office & then go to **next question**

Email:

Are you required to complete an observed licence test?

- Yes**
Please call your CAMS state office
- No**
Go to **section 3**

Now...continue to **section 3**

Office Use Only

CAMS Member Number:

Receipt No:

TYPE OF MEDICAL: International National

Medical Expiry: / /

Date: / /

Amount: \$

Section 4 – 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.

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

PROCEED TO NEXT PAGE TO COMPLETE YOUR APPLICATION

Section 5 – 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 6 – 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 7 – 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: CUSTOMER 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 HOTLINE 1300 883 959.

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

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: CUSTOMER SERVICES, PO BOX 427, CAULFIELD EAST, VIC 3145

Medical Examination Record

Examiners Comments:

1 On history:

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.....

.....

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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

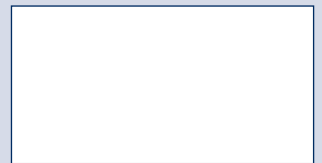
I have personally examined the applicant on ____/____/____ Signature:

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:
Visual Correction required? Yes No

Other (please specify):

Assessor's signature	Date
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