AUSTRALIAN POWER BOAT ASSOCIATION
DAY LICENCE
SELF-ASSESSING MEDICAL DECLARATION

Form 22D

OFFICE USE ONLY	
LICENCE NUMBER	YEAR

SURNAME _____ **First Name** _____

ADDRESS _____

_____ **POSTCODE** _____

Phone Number ( )_____ **Date of Birth:**___ / ___ /___

Have you ever been refused an APBA, CAMS or Pilots Licence, Life Insurance or Defence Forces application YES ¨ NO ¨

DAY LICENCE ONLY

BY SIGNING THIS FORM I CERTIFY THAT:

I have no other illnesses, conditions or any other physical or mental condition that would make it dangerous for me or others driving a racing power boat.

That I have not been advised by any medical person to refrain from contact sports or activities where physical exertion is required, or from activities where I will be subject to physical abuse.

Have you ever suffered from:

1	Nervous Disorder? (Nerves, Neurasthenia or anxiety attack)	YES ¨	NO ¨	10	Earache or discharge?	YES ¨	NO ¨
2	Headaches?	YES ¨	NO ¨	11	Surgical operation?	YES ¨	NO ¨
3	Fits or convulsions, blackouts, fainting or giddiness?	YES ¨	NO ¨	12	Injuries related to Motor Sport?	YES ¨	NO ¨
4	Asthma or ling disease?	YES ¨	NO ¨	13	Other injuries?	YES ¨	NO ¨
5	Epilepsy?	YES ¨	NO ¨	14	Other illnesses not mentioned?	YES ¨	NO ¨
6	Head Injury or concussion?	YES ¨	NO ¨	15	Do you take medication, tablets, or some other form of medication on a regular basis?	YES ¨	NO ¨
7	Diabetes?	YES ¨	NO ¨				
8	Heart Disease?	YES ¨	NO ¨	16	Do you have any known allergies?	YES ¨	NO ¨
9	Deafness or noises in the ear?	YES ¨	NO ¨	17	Bleeding disorders?	YES ¨	NO ¨

IF YES TO ANY OF THE ABOVE, STATE QUESTION No AND GIVE FULL DETAILS HERE (Attach a separate sheet if insufficient space provided)	

DECLARATION: ***(An applicant making a false declaration is liable to refusal or cancellation of licence)***

In case of a dispute I understand that an APBA appointed Medical Assessor will make the final decision.

I hereby declare that I have not withheld any relevant information or made any misleading statement. Furthermore, 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 of this licence, and to notify the APBA Medical Assessor and submit myself to a further medical examination, the results of which are to be forwarded to that assessor.

I undertake not to use any drugs, medication or substances that might be considered illegal within a period of 48 hours prior to using my general competition licence, which might have any affect upon my performance, concentration or driving ability. I agree to undertake any drug analysis tests, including for alcohol that may be considered necessary by the APBA.

I hereby give my full authority to the APBA Medical Assessor to obtain the relevant Clinical Records, X-ray and Pathology Reports and from any Medical Officer I have previously attended.

For Female Applicants: I agree to abstain from exercising the privileges of this Licence while in the last six (6) months of pregnancy.

DATE:	SIGNATURE OF APPLICANT:	WITNESS – To signature:
	PRINT NAME:	WITNESS PRINT NAME: