



# MEDICAL EXAMINATION FORM

THIS FORM TO BE COMPLETED BY KARTSPORT NEW ZEALAND COMPETITION LICENCE APPLICANTS ON THE REQUEST OF KARTSPORT NEW ZEALAND'S MEDICAL OFFICER

## PART 1 Applicant to Complete

SURNAME \_\_\_\_\_ DOB \_\_\_\_\_

FIRST NAME \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PHONE No. \_\_\_\_\_

I have previously completed a KartSport New Zealand medical examination

(please tick) Yes  No

NAME AND ADDRESS OF YOUR REGULAR DOCTOR

\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT MUST COMPLETE THIS SIDE BEFORE THE DOCTOR'S EXAMINATION Please print clearly Answer Yes or No

1. Have you ever been rejected or accepted at increased premium, for life insurance on medical grounds. \_\_\_\_\_
2. Do you wear dentures. \_\_\_\_\_
3. Have you ever been treated for, do you now have, or have you ever had any of the following:
  - (a) Nervous breakdown, mental disease or disorder. \_\_\_\_\_
  - (b) Head injury with unconsciousness or concussion. \_\_\_\_\_
  - (c) Heart disease or disorder. \_\_\_\_\_
  - (d) High blood pressure. \_\_\_\_\_
  - (e) Diabetes. \_\_\_\_\_
  - (f) Dizziness, fainting, epilepsy, fits or blackouts. \_\_\_\_\_
  - (g) If the answer is Yes to any of the above in 1, 2 or 3 please supply details.  
\_\_\_\_\_  
\_\_\_\_\_
- (h) List any illness not stated above.  
\_\_\_\_\_  
\_\_\_\_\_
4. If you are receiving any medical treatment now, please give details.  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION BY APPLICANT

- a. I CERTIFY that the statements made by me to the examining doctor and/or KartSport New Zealand regarding my psychophysical condition and any previous illnesses are true and correct.
- b. I UNDERTAKE that I will not use any drug considered to be illegal.
- c. IT is necessary/not necessary\* for me to wear glasses or contact lenses when driving.
- d. I AUTHORISE any hospital or medical practitioner to furnish information relative to my medical condition to the KartSport New Zealand appointed Medical Assessor.  
\* delete one

\_\_\_\_\_  
Date Signature of Applicant

## PART 2 Medical Examination for racing

This medical examination form, signed by a Registered Medical Practitioner is obligatory for drivers applying to KartSport New Zealand for a Karting Competition Licence and it must be completed and sent by the applicant to the KartSport New Zealand Medical Officer. Doctors are asked to note the answers to the questions by the applicant in Part 1 before signing. Brief details of any abnormality should be recorded below in "Observations/Recommendations".

### TO BE COMPLETED BY EXAMINING DOCTOR

Name and Qualifications (please print clearly or stamp only)

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- |  | Answer Yes or No        |
|--|-------------------------|
| 1. Are you the regular medical attendant of the applicant.   | _____                   |
| 2. Is there any abnormality of the heart or cardiovascular system.   | _____                   |
| 3. Has the applicant full controlled movement of both upper and lower limbs.   | _____                   |
| 4. Is there any evidence of a physical or mental condition, past or present, which could, in your opinion, debar the applicant from kart racing. | _____                   |
| 5. Vision:   | R Eye / L Eye /         |
| - with correction if applicable  | R Eye / L Eye /         |
| - field of vision  | R Eye _____ L Eye _____ |
| - pupil reaction to L & A  | R Eye _____ L Eye _____ |
| - colour vision  | R Eye _____ L Eye _____ |
| 6. Blood Pressure.   | _____                   |
| 7. Blood Group.  | _____ RH _____          |
| 8. Genito-urinary system:  |                         |
| - any abnormality  | _____                   |
| - urinary - albumen  | _____                   |
| - sugar  | _____                   |
| 9. Is the applicant taking any medication which could affect their judgement or driving ability.   | _____                   |

### THIS IS TO CERTIFY

that the above named applicant has today been examined by me.

Observations/Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TETANUS VAC. YES / NO DATE GIVEN: \_\_\_\_\_

\_\_\_\_\_  
Date Doctor's Signature

THIS COMPLETED FORM IS TO BE FORWARDED TO KARTSPORT NEW ZEALAND'S MEDICAL OFFICER - Dr Rhod Murray, 1008 Waipuna Street, Hastings 4120

Any fee charged for completion of this examination or any cost associated with it is the responsibility of the applicant.

# KARTSPORT NEW ZEALAND

## HEALTH & DISABILITY REGULATION

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### Scope

All drivers wishing to participate in activities covered under the Rules and By Laws of KartSport New Zealand are required to make a formal declaration of medical aptitude and, if required by KartSport New Zealand, undergo an annual medical examination.

### Annual Health & Disability Declaration

- (a) Its purpose is to enable the KartSport New Zealand Medical Assessor annually to determine whether the competitor has the level of physiological or physical condition required to control a kart in either competition or practice.
- (b) This is obtained by completion of the Health and Disability Declaration Form issued by KartSport New Zealand.
- (c) The completed Health and Disability Declaration Form is dispatched along with the Competition Licence application/renewal to KartSport New Zealand for processing.
- (d) In processing Health and Disabilities, KartSport New Zealand shall refer on to its Medical Assessor any declaration with predetermined responses that require consideration of aptitude.

For such referrals, KartSport New Zealand shall advise the applicant of the situation. In such cases the applicant can not take part in any competition or practice until such time as they have received written authorisation to take part.

### The Medical Assessor shall determine on behalf of KartSport New Zealand as to whether a;

- (a) Medical Clearance card can be issued; or
- (b) Full medical examination is required prior to further consideration; or
- (c) Medical Clearance card can not be issued.
- (e) Should KartSport New Zealand on the advice of its Medical Advisor determine that the Health and Disability Declaration submitted by the applicant indicated a level of physiological and/or physical fitness below that deemed acceptable, KartSport New Zealand may seek further information from the applicant or decline to issue a Medical Clearance Card.
- (f) All costs associated with the Medical Assessment, any follow up assessments, and issuing of the Health and Disability Clearance Card shall be met by the applicant.

### Declaration Requirements

#### Physiological and Physical

The Health and Disability form and Medical Examination form issued by KartSport New Zealand specify items to be satisfied. The following illnesses and disabilities are deemed incompatible or require medical assessment by the KartSport New Zealand Medical Assessor.

- (a) **Incompatible illnesses and disabilities:**  
Epilepsy with behavioural effects, or under treatment; amputations, except in the case of fingers where the grip function in both hands is unimpaired; orthopaedic appliances, if the functional result is not equal or near to normal; free movement of the limbs impeded by more than 50%.
- (b) **Illnesses or disabilities requiring a medical assessment by KartSport New Zealand:**  
Insulin-dependent diabetes, on condition that a confidential document proving the regular supervision of the party concerned and of his treatment is submitted to the Medical Assessor approved by KartSport New Zealand and that the Medical Certificate of Aptitude bears the wording "medical supervision necessary", myocardial infarction and myocardial ischaemia, valvular disease or other abnormal cardio-vascular conditions, functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand; orthopaedic appliances allowing the party concerned to recover normal or near normal functional activity; psychiatric conditions.

#### Eyesight standards as required

- (a) **Visual acuity (before or after correction, sight for each eye should be at least 6/7.5).**  
Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has controlateral vision, whether corrected or not, equal to or greater than 6/6, may obtain a competition licence under the following conditions and after examination by a competent ophthalmic specialist:

- (i) Field of vision equal to or greater than 200°
- (ii) Functional stereoscopic vision,
- (iii) Condition of the fundus excluding pigmentary retinal damage
- (iv) Any old or congenital damage shall be strictly unilateral
- (b) **Normal binocular vision.**
- (c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions.
- (d) **Normal field of vision.**
- (e) **Normal stereoscopic vision** (licence should not automatically be issued to applicants who are blind in one eye. KartSport New Zealand upon advice from its Medical Assessor may determine conditions and/or restrictions of licence in such cases.)
- (f) **The wearing of contact lenses is permitted provided that:**
  - (i) These shall have been worn for a period longer than 12 months and for a significant period every day.
  - (ii) They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them.

### Medical Examination following accident or illness

- (a) In the event of an accident, whether during a competition or in other circumstances occasioning incapacity for a period of ten days or over, or in the case of an illness or disability as covered in Clause 2.8.3, the driver is required to notify KartSport New Zealand within ten days.
- (b) Either enclosing a confidential medical certificate addressed to the KartSport New Zealand Medical Assessor, bearing the diagnosis, the prognosis, and the extent of the injury or infirmity incurred.
- (c) Or by giving authorisation for confidential written communication between the KartSport New Zealand Medical Assessor and that person's usual Medical Advisor.
- (d) All the illnesses or disabilities mentioned in Clause 2.8.3 of these regulations must be submitted to the KartSport New Zealand Medical Assessor for an opinion
- (e) In the event of an accident resulting in incapacity for a period of 10 days or longer, and following receipt of a document attesting that the patient is healed or recovered, or of a hospital discharge form, the KartSport New Zealand Medical Assessor shall either reconfirm the validity of the appropriate Medical Clearance Card of that he/she should undergo a complete annual medical examination procedure.
- (f) From the date of the accident or the discovery of illness or disability, as covered in Clause 2.8.3, no driver may take an active part in any KartSport New Zealand sporting events until they have received authorisation from KartSport New Zealand. In such circumstances the Medical Clearance Card and corresponding Competition Licence are declared temporarily suspended until the authorisation is received from KartSport New Zealand.
- (g) Failure to comply with the requirements of this Article will give rise to the application of sanctions by KartSport New Zealand.

### Medical Appeals

- (a) A Medical Commission appointed by KartSport New Zealand will be called upon to determine any issue arising between the KartSport New Zealand Medical Assessor and Competitors. A Competitor may possibly be required to undergo an observed test drive in the presence of a doctor, or a member of the Medical Commission.  
The decisions reached by the Medical Commission will be recognised in all other countries falling under the sporting jurisdiction of the CIK-FIA.
- (b) Any competitor who intends to appeal against any decision of the KartSport New Zealand Medical Assessor must deliver an intention to appeal to the Manager of KartSport New Zealand within seven (7) days of the announcement of the decision being appealed.  
Such intentions shall be accompanied by the prescribed Medical Appeal Fee.
- (c) All costs associated with calling the Medical Commission and their attendance fees in hearing the matter will be the responsibility of the appellant unless the findings of the Commission deem otherwise.