MEDICAL DETAILS FORM

ALL Competitors, Officials, Service Crew and Support Crew are required to complete and return this form to the Australasian Safari Office. Noncompliance may result is delays during the Documentation process.

It is imperative that our medical providers are given as much information as possible in regard to your pre-existing medical condition, any medications and allergies. This information is kept confidential and only provided to the Chief Medical Officer.

If you have any queries regarding this form please contact the Safari Office on +61 (0) 8 9445 2645.

Team Name / No.	
Role on Safari (eg. Competitor, Service Crew, Official, Media etc.)	

Title (eg. Mr, Ms)			
First Name		Surname	
Best contact number on event		Date of Birth	
Height		Weight	
Australian Residents please provide your Medicare number. International Competitors, insurance company name and contact details.			

Vision

While driving, do you wear glasses or contact lenses?	Yes ☐	No ☐
Do you have any problems with colour vision or distance visions?	Yes ☐	No ☐
Details		

Mobility

Do you have any restriction of movement in your limbs?	Yes ☐	No ☐
Do you have any restriction of your ability to enter or leave a vehicle?	Yes ☐	No ☐
Details		

Medical

Have you ever suffered from any of the following:

Any nervous disorder including nerves, neurasthenia or anxiety state	Yes ☐	No ☐
Headaches	Yes ☐	No ☐
Head injury or concussion	Yes ☐	No ☐

Tuberculosis or lung trouble	Yes ☐	No ☐
Rheumatic Fever or Heart Disease	Yes ☐	No ☐
Indigestion, gastric or duodenal ulcer	Yes ☐	No ☐
Kidney or bladder trouble	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐
Anaemia or other blood disease	Yes ☐	No ☐
Fits, convulsions, turns, blackouts, fainting or giddiness	Yes ☐	No ☐
Deafness or noises in the ear	Yes ☐	No ☐
Earache or discharge from the ear	Yes ☐	No ☐
Chronic sinusitis	Yes ☐	No ☐
Any surgical operations	Yes ☐	No ☐
Any injuries related to motorsport	Yes ☐	No ☐
Any other injuries	Yes ☐	No ☐
Any illnesses not already mentioned	Yes ☐	No ☐
Any known allergies	Yes ☐	No ☐
Details		

Medication

Name of Drug			
Strength		Dose per day	

Name of Drug			
Strength		Dose per day	

Name of Drug			
Strength		Dose per day	

Name of Drug			
Strength		Dose per day	

Signature
