2026/27 MEDICAL EXAMINATION (COMPLETED BY A MEDICAL PRACTITIONER)

MEDICAL VALID FOR THREE MONTHS FROM EXAMINATION DATE. FORM EXPIRES JUNE 30TH 2027.

Medical Standards are available at www.speedwayaustralia.org. As per rule 2.2.2 (b), if a person submits a fraudulent medical form, they will be unable to obtain a licence for 12 months.

ID Sighted (tick): ☐

Applicant's full name: _____ D.O.B: / / Speedway Australia Licence No: _____

Height (cm): _____ Weight (kg): _____ BMI: _____ Pulse: _____ Blood pressure: _____

Please see Medical Standards at www.speedwayaustralia.org
Please attach separate page(s) if space is not sufficient

		Normal	Abnormal	Comments (note if condition is stable and controlled)
1.1	History suggesting heart disease?			
1.2	Heart sounds			
1.3	Peripheral circulation			
1.4	History suggesting respiratory disease?			
1.5	Respiratory system			
1.6	Abdomen/gastro-intestinal system			
1.7	History suggesting psychiatric or neurological problems? (ADHD or depression?)			
1.8	Cranial nerves			
1.9	Upper limbs - power, tone and reflexes			
1.10	Lower limbs - power, tone and reflexes			
1.11	Skeletal system and joint system			
1.12	Hearing/vestibular system			
1.13	Co-ordination			
1.14	Urine testing (Diabetes?)			
1.15	History suggesting visual problems?			
1.16	Visual fields			
1.17	Eye movements			
1.18	Cover test			
1.19	Colour vision (Ishihara)			
1.20	Visual Acuity, **unaided** L 6 / R 6 /			
1.21	Visual Acuity, **aided** L 6 / R 6 /			
1.22	Any Medication? Check if prohibited at globaldro.com, prohibited medication requires Therapeutic User Exemption form	Y / N		

I have personally examined the applicant on / / on the basis of my examination and the information supplied by the applicant:

Please tick the applicable box and attach any information which may assist the Speedway Australia medical advisor in determining the applicant's ability to compete. If suffering from an illness, please specify medications and dosage that will assist in review of this application.

☐ I could find no evidence of any physical or mental illness that would exclude the applicant from competing in speedway racing

☐ I consider that the applicant may be suffering from a medical condition that may have an adverse effect upon his/her ability to compete safely in speedway racing (please attach details). Please Note: A BMI outside of the healthy range may be considered unfit. For more information, please refer to the Speedway Australia Medical Standards document online at www.speedwayaustralia.org

DOCTOR'S OFFICIAL STAMP

THIS IS MANDATORY FOR MEDICAL TO BE ACCEPTED OR EVIDENCE OF APPOINTMENT REQUIRED

DOCTOR'S PROVIDER NUMBER

Name: _____

Signed: _____