

Driver:

Information given in this statement will be treated in total confidence although the Chief Medical Officer, upon examining this document, is obliged to advise the Organiser of the Event if, at any time, a participant's medical condition poses an unacceptable risk to that individual or to a co-driver, spectator, race official or any other person attending the Event.

AGE _____ yrs CURRENT BODY WEIGHT _____ kg HEIGHT _____ cms

VISION

While driving, do you wear glasses or contact lenses? Yes / No
Do you have any problems with colour vision or distance vision? 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 your vehicle? Yes / No

Details: _____

MEDICAL

Have you ever suffered from any of the following – please circle Yes / No -

Any nervous disorder including nerves, neurasthenia or anxiety state?	Yes / No	Fits, convulsions, turns, blackouts, fainting or giddiness	Yes / No
Headaches	Yes / No	Deafness or noises in the ear	Yes / No
Head injury or concussion	Yes / No	Earache or discharge from the ear	Yes / No
Tuberculosis or lung trouble	Yes / No	Chronic Sinusitis	Yes / No
Rheumatic Fever or Heart Disease	Yes / No	Any surgical operations	Yes / No
Indigestion, gastric or duodenal ulcer	Yes / No	Any injuries related to motorsport	Yes / No
Kidney or bladder trouble	Yes / No	Any other injuries	Yes / No
Diabetes	Yes / No	Any illnesses not already mentioned	Yes / No
Anaemia or other blood disease	Yes / No	Any known allergies	Yes / No

If Yes to any of the above, give full details: _____

MEDICATION

Please list all medication that you may be taking while attending Targa Tasmania – include prescription, over the counter and health shop preparations.

<i>Name of Drug</i>	<i>Strength</i>	<i>Number taken per day</i>

I certify that this is a true statement of my medical condition. I will advise the organisers of any subsequent medical problems that may arise or any medical treatment that may affect my ability to participate in this event. "I give permission for the release of medical information to either the Clerk of Course or Medical, Fire and Rescue Manager in the event of not being able to consent verbally at time of injury."

SIGNED _____

DATE _____

Navigator:

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AGE _____ yrs CURRENT BODY WEIGHT _____ kg HEIGHT _____ cms

VISION

While driving, do you wear glasses or contact lenses? Yes / No
Do you have any problems with colour vision or distance vision? 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 your vehicle? Yes / No

Details: _____

MEDICAL

Have you ever suffered from any of the following – please circle Yes / No -

Any nervous disorder including nerves, neurasthenia or anxiety state?	Yes / No	Fits, convulsions, turns, blackouts, fainting or giddiness	Yes / No
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