



**AUSTRALIAN POWER BOAT ASSOCIATION
JUNIOR LICENCE
SELF-ASSESSING MEDICAL DECLARATION**

**Form
22J**

SURNAME _____ First Name _____
 ADDRESS _____
 _____ POSTCODE _____
 Phone Number () _____ Date of Birth: ___ / ___ / ___

OFFICE USE ONLY	
LICENCE NUMBER	YEAR

**JUNIOR
LICENCE
ONLY**

Have you ever been refused an APBA Licence? YES NO

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 lung 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	16	Do you have any known allergies?	YES	NO
8	Heart Disease?	YES	NO	17	Bleeding disorders?	YES	NO
9	Deafness or noises in the ear?	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.

DATE:

SIGNATURE OF APPLICANT'S PARENT:

PRINT NAME:

WITNESS – To signature:

WITNESS PRINT NAME: