

# MEDICAL QUESTIONNAIRE

## Make Smoking History Forest Rally

Car Number:  
\_\_\_\_\_

**Rally Emergency: 0488 279 287 | Rally HQ: 0419 045 042 | Life Threatening Emergency: 000**

All competitors/crew must complete a medical declaration before starting the Rally.

It is imperative that the event medical team are given critical information regarding significant pre-existing medical conditions, medications and allergies. The medical information provided is kept confidential and will only be provided to the Motorsport Australia Medical Delegate and the Chief Medical Officer of the event.

The information will be destroyed at the conclusion of the event.

Note: Driver and Co-driver must both complete and submit separate forms before the Drivers Briefing.

### 1. MEDICAL QUESTIONNAIRE

<b>Name:</b>	<b>Age:</b>	<b>Date of Birth:</b>			
Diabetes	No      Yes	Insulin	No	Yes	
Asthma	No      Yes				
Epilepsy	No      Yes				
Neurological Disorder	No      Yes				
Physical Disability	No      Yes	Details _____			
Modified Vehicle	No      Yes	Details _____			
Anticoagulant Medication (Blood thinning)	No      Yes	Warfarin	Pradaxa	Other _____	
		Eliquis	Xarelto		
Antiplatelet Medication	No      Yes	Aspirin	Plavix	Other _____	
Pacemaker / Implantable Defibrillator	No      Yes				
Heart Disease	No      Yes				
Abnormal Heart Rate / Rhythm	No      Yes				
Allergy / Allergies (Serious or Life Threatening)	No      Yes	Details/Medication _____			
		_____			
Other Significant Details	_____				
	_____				

*I acknowledge by signing this form that the information provided is complete and accurate*

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date