

ACCIDENTS

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DATE	VENUE	INJURIES	DOCTOR

FOR MEDICAL OFFICERS:

Before each event the responsible Medical Officer will take possession of the present form and will return it to the person concerned only after the competition.
 In the event of an accident, the Medical Officer must, in the space reserved for the purpose, enter the medical observations regarding any injuries suffered and return the form to the Hong Kong Kart Club Ltd. as soon as possible.

VISIT FOR RE-INTEGRATION

ACCIDENT DATE	DATE OF VISIT	RESPONSIBLE DOCTOR

VALIDATION

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FOR RESTRICTED AND NATIONAL CLASS EVENTS ONLY

Date _____ Hon. Medical Officer (HKKC)
 Observations: _____

ASN Stamp

This Medical Form is not valid for International Events, even if validated for Restricted and National Events. It must be exchanged for a FISA International Medical Form which can be obtained by sending this form to the Hong Kong Kart Club Ltd. not less than 21 days before the event for which it is required.

A FISA International Medical Form is mandatory for holders of International Competition and Licences.

ANNUAL MEDICAL EXAMINATION

2ND YEAR

Date _____ Hon. Medical Officer (HKKC)
 Observations: _____

ASN Stamp

3RD YEAR

Date _____ Hon. Medical Officer (HKKC)
 Observations: _____

ASN Stamp

Hong Kong Kart Club Ltd.

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Medical Form

NOT VALID FOR INTERNATIONAL EVENTS

VALID FOR 3 YEARS FROM 1ST JANUARY

Possession of this Medical Form signed by a Registered Medical Practitioner is obligatory for drivers taking part in races conducted under the General Competition Rules of the Hong Kong Kart Club Ltd.

It must be produced for inspection and presented to the responsible Medical Officer before each event. Failure to do so will entail non-eligibility to compete.

The act of producing this Form at a Race Meeting is deemed to be a formal declaration that the holder, since its issue, has suffered no illness or injury which might be liable to affect its validity.

TO BE COMPLETED BY APPLICANT
(PRINT CLEARLY USING BLOCK LETTERS)

Name _____ (Surname) _____ (Other names)
 Address _____
 Date of Birth _____ Sex _____
 Passport Nationality _____
 HKID Card No. _____
 HKKC Competition Licence No. _____

Photo

MEDICAL HISTORY

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1. Name and address of your regular doctor _____

2. Have you ever been rejected, or accepted at increased premium, for life insurance on medical grounds? YES/NO

3. Have you ever been treated for, do you now have, or have you ever had, any of the following?

(a) Nervous breakdown, mental disease, or disorder YES/NO

(b) Head injury with unconsciousness or concussion YES/NO

(c) Heart disease or disorder YES/NO

(d) High blood pressure. YES/NO

(e) Diabetes YES/NO
 If YES — do you take insulin? YES/NO
 or oral diabetic tablets? YES/NO

(f) Dizziness, fainting spells, epilepsy, fits or blackouts YES/NO

(g) Have you ever had any disease, injury or operation to either eye? YES/NO

(h) Is your eyesight normal in both eyes? YES/NO
 If NO — is your eyesight normal in both eyes with spectacles or other correction? YES/NO

4. If immunised against tetanus, state date of immunisation.

I certify that the above statements are true and accurate.

I authorise any hospital or medical practitioner to furnish information relative to my medical condition to the HKKC Medical Panel.

I undertake that I will not use any drug considered to be illegal.

Applicant's signature _____ Date _____

NOTES FOR EXAMINING DOCTOR

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Doctors are asked to note the answers to the questions on page 2 before completing page 4.

The following general principles apply in passing a driver as fit to race despite a physical disability.

- He must not have more than one main disability. If his hands or arms are affected he must still have effective use of both hands in steering. If it is his legs, he must have effective use of one leg and foot.
- Amputees will not be refused a licence provided they can show their personal mobility, their ability to remove themselves and the kart from the track, and that any necessary modifications to the controls of the kart are satisfactory to the scrutineers.
- In case of a diabetic, whether dietetically or therapeutically controlled, he/she must be assessed by the HKKC Medical Panel before a competition licence may be issued.
- He must not suffer from any other condition requiring regular treatment for the maintenance of physical stability.
- Applicants with impaired or no vision in one eye may be allowed to race provided that they have had this disability for not less than five years and have satisfactory judgement of speeds and distance. In addition vision in the remaining eye must reach a standard of not less than 6/6 corrected by the wearing of glasses if necessary.

Should a Doctor not approve an applicant, on no account should he sign the Declaration attached but instead send this Form to the Hong Kong Kart Club Ltd. with his observations, recommending whether or not the applicant should be examined by the Hong Kong Kart Club Medical Panel.

Any fee charged for completion of this Form or the examinations associated with it is the responsibility of the applicant, NOT the Hong Kong Kart Club Ltd.

MEDICAL FORM TO BE COMPLETED BY EXAMINING DOCTOR

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1. Are you the regular medical attendant of the applicant? YES/NO

2. Is there any evidence of an abnormality of the heart or cardiovascular system? YES/NO

3. Is there any evidence of a physical or mental condition, past or present which could in your opinion debar the applicant from motor racing? YES/NO

4. Does the applicant have any physical abnormality or restriction of movement of upper and/or lower limbs?

	R arm	YES/NO	L arm	YES/NO
	R leg	YES/NO	L leg	YES/NO

5. Vision—uncorrected

	R eye	<input type="text"/>	L eye	<input type="text"/>
corrected	R eye	<input type="text"/>	L eye	<input type="text"/>
Pupil reaction	R eye	<input type="text"/>	L eye	<input type="text"/>
To L and A				
Field of vision	R eye	<input type="text"/>	L eye	<input type="text"/>

Colour vision (for red, yellow and blue)

6. Blood Pressure

7. Blood group Rh.

8. Urine Tests: Sugar Albumin

This is to certify that I have today examined the applicant in accordance with the requirements of this Form and declare that in my opinion he/she is fit to drive a kart in races.

Doctor's signature _____ Date _____
 Name and qualifications (Please print clearly) _____

Address _____