



# Mackay Kart Club: Medical Clearance Form

- This form is required for all applicants or members who indicated on their membership and licence application form or notified the MKC committee that they suffer from a medical condition that can affect the member's ability to race a kart at MKC.
- This form is to be completed in full by the applicant/ member and their treating medical practitioner before the applicant can be granted membership or the member can recommence racing.

## **Applicant/ Member Details:**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Gender:</b>		<b>Phone:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Email:</b>			
<b>Address:</b>		<b>Postcode:</b>	
<b>Suburb:</b>		<b>State:</b>	

## **Important Information/ Considerations:**

In considering whether it is appropriate to provide clearance, the following matters (without limitation) are requested to be considered by the treating physician:

- Karting is a stressful and quick-thinking sport, which requires mental and physical fitness.
- The driver needs to be physically able to push his/her (70 to 100 kg) kart from a racetrack if it fails, as well as drive the kart competitively. (Children under 12 can be assisted to remove a kart from the track.)
- The driver is required to be fit medically, physically, and mentally for driving and handling a go-kart in competitive races and practice activities.
- If a driver's medication may impair his/her ability to competitively kart.

## **Medical Clearance (To be completed by the treating physician):**

I have personally examined the applicant on ..... (date) and on the basis of my examination and the above information/ considerations and information supplied by the applicant:

I could find no evidence of any medical, physical, or mental illness that would exclude the applicant from competing or participating in kart racing at MKC.

I consider that the applicant may be suffering from a medical condition that may have an adverse effect upon their ability to compete and participate safely in kart racing at MKC.

<b>Doctors Stamp:</b>	<b>Doctors Signature:</b>
	<b>Date of examination:</b>