

National President: [apbauspresident@gmail.com](mailto:apbauspresident@gmail.com)

National Secretary: [apbasecretary@gmail.com](mailto:apbasecretary@gmail.com)

**A Driver who is the holder of a current medical certificate and who meets with an accident or suffers from an illness or disability during the currency of that medical certificate, must produce a new medical certificate from his doctor, or a doctor nominated by the APBA, following such accident, disability or illness (Rule 102.03)**

**PART A - TO BE COMPLETED BY PERSON ISSUING THIS FORM**

This form may be taken to the Doctor of your choice

This form must be taken to a specialist in .....

This form must be taken to Dr ..... at .....

**PART B - TO BE COMPLETED BY APPLICANT PRIOR TO MEDICAL EXAMINATION**

Surname ..... First Names .....

Address ..... Suburb .....

APBA Licence Number ..... SBA Licence Number .....

Date of Accident / Illness ..... Location .....

Have you suffered  An Accident  Illness  Disability

What was the nature of your Accident / Disability / Illness .....

.....

If an accident where you treated at the scene for injuries.....  Yes  No

Were you treated in a Hospital .....  Yes  No

Name of Hospital or Doctor where treatment was obtained .....

In an accident what were the injuries sustained.....

.....

In your opinion are you recovered from your illness / injuries / disability so as not to endanger yourself or fellow competitors in a power boat.....  Yes  No

Where possible please attend the same doctor for this clearance as treated you after the accident, and take any X Rays or results of any tests or notes given to you since then or at the time.

***I hereby grant the medical practitioner I am attending permission to obtain my medical records.***

Signature of Applicant ..... Date .....

**PART C - TO BE COMPLETED BY MEDICAL PRACTITIONER**

This is to certify that I have read the above statements by M/s ..... and have examined them clinically to ensure the illness, disability or injuries noted above will no longer make it unsafe or unwise for them to drive a racing power boat at speed in races.

I also have uncovered no other reasons or conditions that would make the applicant unfit for competition.

Signature of Practitioner ..... Date .....

Name (In block letters) ..... Qualification .....