

**NOTICE OF MEDICAL SUSPENSION OF LICENCE  
 DUE TO INJURY, ILLNESS OR DISABILITY**  
 Form 28 S - Updated Sept 2021

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

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

**This form is to be filled in by a club or APBA official when a driver is involved in an accident, or if he suffers a disability or is stricken by an illness. This is at any time not just during a race meeting.**  
**A note that the licence has been temporarily suspended is to be noted in the back of the rule book, along with the date and medical reason for suspension**

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

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

APBA Licence Number ..... State of issue .....

Reason for MEDICAL SUSPENSION .....

(If a racing accident) Location .....

Date you were informed or became aware of accident / disability / illness .....

The driver  Appears to be unhurt  
 Has minor injury or illness  
 Has major injury or illness

Name of Official submitting this form .....

From Club or Official of .....

Position Held ..... Signature .....

This form when completed should be sent to the licence issuing officer in the state of issue of the licence. If the licence issuing officer in the state of issue is unknown send to the Secretary, of the appropriate State Council (Address is in the front of the rule book).

**Please send this notice in promptly so that a clearance to race form may be sent to the driver.**

A better way may be:  
 To send the actual licence book with this form. In this way a driver may not race until a clearance is obtained. With just a notation in the back, anybody may sign it off, as some drivers might be a bit naughty and do this

**OFFICIAL USE ONLY**

Date received .....

Clearance form sent to .....

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**CLEARANCE RECIVED AND  
 LICENCE RETURNED ON** .....

**BY (Post, Handed to Sect)**.....