

## **MEDICAL QUESTIONNAIRE SELF DECLARATION NOVICE OBSERVER/DRIVER– BWSF RACING**

This Medical questionnaire must be completed by all Novice Observer/Driver Licence Applicants wishing to participate in their first year only in Water Ski Racing & limits the user to all racing formula's except F1 ( you may not compete in F1).

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

**1. Have you ever suffered from or been treated for the following or any other serious illness?**

Polio	YES/NO	Asthma	YES/NO
Pneumonia	YES/NO	Fainting	YES/NO
Meningitis	YES/NO	Epilepsy	YES/NO
High Blood Pressure	YES/NO	Tuberculosis	YES/NO
Convulsions	YES/NO	Colour Blindness	YES/NO
Heart/Blood Disorders	YES/NO	Head Injuries	YES/NO
Dizziness, Fits or blackouts	YES/NO	Diabetes	YES/NO
Other Illnesses(*)	YES/NO	Unconsciousness/concussion (in last 28 days)	YES/NO

(\*)Please give details \_\_\_\_\_

2. Are you suffering from any illness at the moment? YES/NO  
If YES Please give details \_\_\_\_\_

3. Do you have any vision defect or loss of sight in either eye? YES/NO  
If YES Please give details \_\_\_\_\_

4. Do you wear Spectacles? YES/NO

5. Do you have any condition which effects limb movement? YES/NO  
If YES Please give details \_\_\_\_\_

6. Do you have any false or missing limbs? YES/NO

7. Have he/she been rejected, or accepted at increased premiums for life insurance on medical grounds?  
YES/NO

8. Please give name and address of family doctor: \_\_\_\_\_

I certify that the above facts are true to the best of my belief and I understand that my licence may be invalid/withdrawn should any prove to be so. There is no known medical reason that would debar me from entering BWSw. I also authorise any hospital or medical practitioner to furnish information relative to my medical condition to BWSW. These details are strictly confidential, your doctor will not be contacted without your prior knowledge and in any event where there may be a medical query.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (If Applicant is Under18)

Signed \_\_\_\_\_ Date \_\_\_\_\_