

OCRDA – MEDICAL DECLARATION AND MEDICAL EXAMINATION FORM

PART 1. MEDICAL DECLARATION – To be completed by applicant and signed at bottom of this form

Surname	Date of Birth :	
First Names in Full:	Age:	Sex:
Address:		
E-Mail:	Post Code:	

The following questions must be answered by all applicants referred for a Full Medical:

1. Name and address of your regular Doctor

Continuation of questions for applicant:	YES or NO
Have you ever been rejected, or accepted at increased premium, for life insurance on medical grounds?	
Have you ever been treated for or do you now have, or have ever had any of the following medical problems:	
(i) Nervous breakdown, mental disease or disorder?	
(ii) Head injury associated with unconsciousness or concussion, of which required a stay in hospital for observation or investigation?	
(iii) Heart disease or disorder or conditions causing shortness of breath on exertion?	
(iv) High Blood Pressure requiring investigation or treatment?	
(v) Diabetes?	
(vi) Epilepsy (when sleeping or awake), fits, dizziness (vertigo), fainting attacks or blackouts of any duration?	
(vii) Disease of or injury or operation to either eye?	
(viii) Have you any abnormality or restriction of power or range of movement of any arm or leg or of the Cervical (neck / Spine)?	
(i) Is your eyesight normal in both eyes?	
(ii) If the answer to 4(i) is No, is your eyesight normal with spectacles or other correction? When driving (racing) with correction do you wear GLASSES/CONTACT LENSES? (delete as applicable)	
Are you taking any medication on a regular basis (prescribed or non-prescribed)?	
If so, please declare under Extra Medical Information, the condition being treated and the nature of the medication and provide a copy of a valid medical prescription.	
NOTE: Please answer all questions in the end column Yes or No – your licence may be delayed if this form has to be returned to you for completion.	
If YES to any part of questions, please supply full details on a separate sheet.	

EXTRA MEDICAL INFORMATION

If you wish to add to the simple Yes or No answers opposite please make reference to the relevant section and comment on a separate sheet giving details of Hospital or Consultant (Specialist) with dates if possible.

I declare that the statements made to the in Part 1 regarding my physical and mental condition and any previous injury or illness is true and accurate. I further declare that if subsequent to being granted a licence I should suffer any illness or accident which might be liable to affect its validity I will declare this to the Licencing Authority so that they can consider whether I should take part in subsequent competition.

(If information is withheld, misleading or false, you may be liable to suspension of your licence and any insurance protection invalidated).

I authorise any hospital or medical practitioner to provide information relating to my medical condition to the OCRDA Medical Officer for the purpose only of helping them decide if I am fit to undertake powerboat racing.

Signature of Applicant	Date
Parent/Guardian if under 18	

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PART 2A – MEDICAL NOTES FOR THE EXAMINING DOCTOR:

Some competitors in powerboat races held under the jurisdiction of the OCRDA are required to pass an approved medical examination.

No Powerboat Racing licence will be issued until the Medical Examination Form is completed and signed by a Registered Health Care Professional (HCP). This may be a Doctor registered with the GMC, a Paramedic registered with the HCPC, or a Nurse registered with the NMC.

Competitors are required to declare any physical or mental disability.

Competitors must sign the declaration which permits the Licencing Authority to request details of their medical history from their General Practitioner or from any hospital or other practitioner. For this reason the examining HCP is asked to ensure that the GP's full address is entered upon the form.

The fees for the Medical Examination and any Specialist Examinations are the responsibility of the applicant (competitor) and not the Licencing Authority.

The medical examination should be carried out to a standard similar to that required for Life insurance. Diabetics may apply to the for the issue of a licence to be considered (Referenced DVLA Guidelines). Epileptic applicants will not be issued with a licence to race.

Applicants who have had, or still suffer from the following may be regarded as unfit to hold a powerboat licence:

- (i) Myocardial infarction
- (ii) Myocardial ischaemia
- (iii) Coronary artery by-pass surgery
- (iv) Serious valvular disease of the heart or other cardio vascular conditions which give rise to cardiopulmonary problems
- (v) Severe hypertension which has given rise to cardiopulmonary problems
- (vi) Misuse/abuse of alcohol or illicit drugs in the last 3 years

Amputations of any type could be incompatible with fitness to race apart from minor amputations of one or two fingers where the normal function of the hand is unimpaired. Absence of a thumb could also be incompatible with fitness. Where the functioning of the limbs is limited free movement should not be less than 50% or normal capability.

Patients requiring the use of any orthopaedic appliance should declare this so that specific consideration can be made of the case by the Examining Medical Officer.

Eyesight:

Normal binocular vision is required with full visual fields, normal eye movements and normal stereoscopic vision.

Normal colour vision is required. (Note: if colour deficiency – the applicant must be able to distinguish between different coloured signals/flags) The vision in each eye to be at least 6/9 either before or after correction.

If glasses or contact lenses are worn this should be stated on the form.

Contact lenses may be worn provided there is reasonable vision in both eyes without the lenses in place. The visual acuity in each eye to be stated both with and without the contact lenses in place.

The examiner should bear in mind that powerboat racing may take place at high speeds over turbulent water in confined areas, or upon waters used by the public, when considering the suitability of the application (competitor).

Note: Recognised Professional Medical Certificates are acceptable providing the medical examination conforms to the this criteria. These certificates are only valid in the year in which they were originally issued; therefore an annual medical examination is still required for subsequent years.

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PART 2B – MEDICAL EXAMINER’S REPORT

This section must be completed by a Registered Medical Professional. Please note the answers to Part 1 and fully read the above notes in part 2A, before completing part 2B.

1. Competitor’s Full Name (print) <div style="text-align: center; color: red; font-weight: bold;">DOCTOR’S STAMP (if applicable)</div>	DOB: <div style="text-align: center;">CURRENT PHOTOGRAPH</div> <div style="text-align: center; color: red;">Affix photo.</div> <div style="text-align: center;">Confirm this is the person who was examined by</div> <div style="text-align: center; color: red; font-weight: bold;">SIGNING ACROSS PHOTO</div>
2. Are you the registered medical practitioner of the applicant?	
3. Is there evidence of abnormality of the Heart, Cardiovascular or Respiratory Systems?	
Blood pressure reading	/ mmHg
Has the applicant had an ECG?	
If YES was this normal? If abnormal provide report.	
4. Is there evidence of physical or mental condition, past or present, which should, in your opinion, debar the applicant from competitive powerboat racing?	
5. Is there any abnormality or restriction of movement of arms or legs?	
6. Vision – UNCORRECTED	R eye / L eye /
Vision – CORRECTED with method used for racing (specify method)	R eye / L eye / Method
Pupil reaction – light and accommodation	R eye: L eye:
Field of vision	R eye: L eye:
Is there any abnormality of colour vision? If Yes can they distinguish between Red and Green	
7. Specify findings of urine analysis	Protein Glucose Blood
Urine Tested within 12 months?	
8. Has the applicant been prescribed any medications in the past 12 months? If YES please list medications below.	
In your opinion is any of the medication likely to interfere with the applicant’s ability to partake in powerboat racing?	
9. Is there any evidence that the applicant has misused drugs or alcohol in the past 3 years?	
Further details (if necessary continue on separate sheet, attach, stamp and sign each sheet).	
<i>This is to certify that I have today examined the applicant in accordance with the requirements of this form 2B and advisory notes, and declare that in my opinion he/she is fit to drive a powerboat in competitive races.</i>	
Examining HCP Signature:	Date:
GMC/HPC/NMC Reg No:	