



**DECLARATION:**

I hereby declare that all particulars are true and correct.

Date: / /

Signature: \_\_\_\_\_

**PAYMENT**

**TYPE OF LICENCE REQUIRED (Please tick appropriate box/es)**

- Driver Grade C
- Driver Grade B
- Driver Grade A
- Trainer Grade C
- Trainer Grade B
- Trainer Grade A
- Stablehand

  
  
  
  
  
  


In partnership with  
 .....  
 .....

  
  
  
  
  
  

  
  


**MEDICAL EXAMINATION**  
**(ALL DETAILS MUST BE SUPPLIED AND QUESTIONS ANSWERED)**

**PRESENT STATE OF HEALTH**

Male                      Female

1. Present Weight   kgs

4. Are you presently receiving medical Treatment?      Yes      No  
     

6. Have you any physical defects? Describe      Yes      No  
        
 \_\_\_\_\_  
 \_\_\_\_\_

2. Height    cms

3. Have you any defect in sight?      Yes      No  
     

5. Are you, or have you ever been in receipt of a sickness Benefit of Worker's compensation Payment?      Yes      No  
     

**PAST HISTORY** *Have you ever suffered from any of the following?*

7. High Blood Pressure      Yes      No  
     

13. Swelling of Ankles or Kidney Ailment      Yes      No  
     

20. Diabetes      Yes      No  
     

8. Blood in urine or faeces      Yes      No  
     

14. Chronic Cough or Sputum      Yes      No  
     

21. Frequent Headache or Migraine      Yes      No  
     

9. Rheumatic Fever, Rheumatism, Joint pain or Frequent Headache      Yes      No  
     

15. Tuberculosis      Yes      No  
     

22. Mental illness or Nervous Breakdown      Yes      No  
     

10. Epilepsy or Fits      Yes      No  
     

16. Digestion or Stomach Disorders      Yes      No  
     

23. Any other illness or medical condition. *Give Details*      Yes      No  
        
 \_\_\_\_\_  
 \_\_\_\_\_

11. Weak Heart or Heart Disease      Yes      No  
     

17. Frequent Diarrhea or Dysentery      Yes      No  
     

24. Have you had any previous medical condition. *Give details*      Yes      No  
        
 \_\_\_\_\_  
 \_\_\_\_\_

12. Shortness of Breath or dizziness      Yes      No  
     

18. Deafness or Discharging Ear      Yes      No  
     

19. Asthma or Severe Hayfever      Yes      No  
        
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

I declare that all answers are true and correct. I agree to advise the Controlling Body of any change in my medical condition which may effect my ability to carry out licenced activities.

Signature of Applicant \_\_\_\_\_  
 (note r.299)

Date / /

**MEDICAL PRACTITIONERS REPORT (Medical Practitioners Use Only)**

General Appearance

Is there any Hernia

Nervous System

Ear, Nose, Throat

Gland Areas

Lungs

Abdomen

Condition of Spine,  
Limbs, Joints

Blood Pressure

Systolic	mmHg	Diastolic	mmHg
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Conditions of Heart - Size

Sounds

Rhythm

Pulse Rate

Sight                      Uncorrected

Corrected

R6/		L6/		R6/		L6/	
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Hearing

Right		Left	
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Urine

Glucose	Albumin
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Detail any relevant aspects of History

**EXAMINERS STATEMENT**

This applicant is \*fit /\*unfit to drive/\*train/\*work as stablehand/requires referral to Medical Panel to decide on fitness.

\_\_\_\_\_  
Name of Examining Doctor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date