



## PERSONAL MEDICAL HISTORY AND EXAMINATION

(Please attach copy of both sides of medical aid card and copy of ID document)

1	Full Name:	
2	Date of Birth:	
3	Male / Female:	
4	PSA Affiliate Association:	SAJSBA
5	Weight:	
6	Height:	
7	Blood group:	
8	Rh:	

9	Medical history (and state):	
A	Cardiovascular system	
B	Respiratory system	
C	Gastro – Intestinal system	
D	Genito – urinary system	
E	Nervous system	

10. State any treatment or medical drugs taken: \_\_\_\_\_  
 \_\_\_\_\_

11: Allergies: \_\_\_\_\_

<b>12. Medical Examination</b>		
13	Blood Pressure:	
14	Pulse:	
15	Rhythm:	
16	Any sign of cardiovascular abnormality? (Please describe):	
17	Any sign of respiratory abnormality? (Please describe):	
18	Any sign of nervous system abnormality? (Please describe):	
19	Urine Analysis (Chemical):	
20	<b>Snellen chart:</b>	
A	Left:	
B	Right:	
C	Colour vision:	

Doctor's Name:	
Practice Number:	
Tel Number:	

\*The medical officer, who is present at any racing event, has the right to submit any driver entered to a physical or psychiatric examination at any time during the event, should an entrant show odd behavior when driving his/her watercraft. The result of such examination is immediately communicated to the Jury who, basing themselves on the report of the medical officer, may exclude the individual from competition.\*

\_\_\_\_\_  
Doctor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rider's signature