



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: _____

12. Medical Examination		
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	Snellen chart:	
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