



Doctors Name / stamp / Date

Please complete sections 1, 2 and 3 before attending medical examination

SECTION 1: APPLICANT DETAILS

SURNAME: _____	FIRST NAME: _____	HOME: () _____	DOB / /
ADDRESS: _____		WORK: () _____	AGE: _____
CITY: _____	POSTCODE: _____	MOB: _____	SEX M <input type="checkbox"/> F <input type="checkbox"/>

SECTION 2: ANY PREVIOUS MEDICAL HISTORY Please indicate yes or no as relevant to the following questions.

1	Constant Headaches/ Migraine?	Yes	No	10	Injuries related to Motor Sport racing.	Yes	No
2	Epilepsy?	Yes	No	11	Other injuries?	Yes	No
3	Fits, convulsions, blackouts, fainting, giddiness?	Yes	No	12	Do you suffer any known allergies?	Yes	No
4	Head injury or concussion requiring hospitalisation?	Yes	No	13	Do you have a prosthetic limb?	Yes	No
5	Asthma, lung disease, respiratory problems?	Yes	No	14	Full single eye blindness	Yes	No
6	Diabetes?	Yes	No	15	Suffer partial blindness	Yes	No
7	Heart disease?	Yes	No	16	Wear spectacles whilst driving a motor vehicle	Yes	No
8	Deafness or noises in the ear (e.g. ringing etc)?	Yes	No	UIM ANTI DOPING FORMS COMPLETED BY APPLICANT			
	Surgical operation requiring 3> days hospitalisation?	Yes	No	17	UIM Acknowledgement & Agreement Form?	Yes	No
				18	UIM Therapeutic Use Exemption Form (if applicable)	Yes	N/A

IF YOU ANSWERED YES TO ANY QUESTION 1-18 ABOVE PLEASE STATE QUESTION NUMBER & GIVE FULL DETAILS HERE. YOUR DR WILL BE EXPECTED TO COMMENT ON THESE IF NECESSARY. CONTINUE ON SECTION 2B (Page 3) IF INSUFFICIENT SPACE.

Please tick here if you have continued onto section 2B (Page 3):	Y
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SECTION 3: DECLARATION (Note: An applicant making a false declaration is liable to refusal or cancellation of license)

I hereby acknowledge that I do not suffer from any undeclared serious illness, disease, or restricted vision and that to the best of my belief, I have not withheld any relevant information from my Doctor.

Furthermore I declare that should I at anytime whilst holding a New Zealand Power Boat Federation Inc. competition license, suffer from any illness, disease, or any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control, ability, fitness to compete then I agree to abstain from using the privileges of this license and to notify the New Zealand Power Boat Federation and submit myself for further medical examinations, the result of which will be forwarded to the New Zealand Power Boat Federation.

For female applicants: I agree to abstain from exercising the privileges of this License while in the last six (6) months of pregnancy

PRINT INITIALS AND SURNAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

I consent to the information above, in accordance with the Privacy Act 2020

WITNESS (Print initials and Surname): _____

SIGNATURE OF WITNESS: _____

SECTION 4: MEDICAL PRACTITIONERS DECLARATION: (Only to be completed if applicant fit to race)

This is to certify that I have examined the above-named person clinically, including eyes and blood pressure and I have conducted a General Practitioner vision test to ascertain if 20/20 vision, or lack off, and colours blindness test and he /she is positively able to identify the colours of flags etc used by the NZPBF members, e.g. Red, Green, Black, White, Yellow and Black and White chequered.

SIGNATURE OF DOCTOR: _____

Doctors Name stamp



Doctors Name / stamp / Date

Sections 4, 5, 6 (and 5B, 6B if applicable) to be completed and certified by Medical Practitioner only

This applicant is being assessed for medical fitness to partake in high speed motor boat racing.

- 1 Please attach any specialist reports, or any pathology, or radiology results relevant to this application.
- 2 The normal answer to each of the questions below is **NO**.
In respect of each **YES** answer, further details / comments should be provided in **Section 6 EXAMINERS COMMENTS**
- 3 Please check **Section 2 (and 2B, Page 3) ANY PREVIOUS MEDICAL HISTORY** and comment or investigate as necessary.
- 4 If any significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form.
- 5 Please check **Section 2 (and 2B, Page 3) ANY PREVIOUS MEDICAL HISTORY** and comment or investigate as necessary.

SECTION 5: MEDICAL PRACTITIONER EXAMINATION: (please record or tick the yes or no column as appropriate)

CARDIOVASCULAR SYSTEM		
What is the pulse rate?		
Is the rhythm normal?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Blood pressure reading?	/	
Are peripheral pulses abnormal?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Any evidence in the history or exam of past or present ischemic heart disease?	<input type="checkbox"/> Y	<input type="checkbox"/> N

RESPIRATORY SYSTEM		
Is there any abnormality of the respiratory system on clinical examination?	<input type="checkbox"/> Y	<input type="checkbox"/> N

ABDOMEN		
Is there any abnormality of the abdomen on clinical examination?	<input type="checkbox"/> Y	<input type="checkbox"/> N

ENT SYSTEM		
Is there any abnormality of the ENT System on clinical examination?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Any evidence of past / present vestibular disturbance, include intermittent conditions?	<input type="checkbox"/> Y	<input type="checkbox"/> N

LOCOMOTOR SYSTEM		
Has the applicant undergone amputation of any limb or part of a limb, or is there any physical deformity?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does the applicant wear any form of orthopaedic device?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has the applicant impaired use or movement of any limb, joint hand, or foot, which might impair or compromise control of a motorboat at speed?	<input type="checkbox"/> Y	<input type="checkbox"/> N

CENTRAL NERVOUS SYSTEM		
Is there any abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on exam?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there any sensory impairment	<input type="checkbox"/> Y	<input type="checkbox"/> N

VISUAL SYSTEM		
Has the applicant any obvious deformity of the eyes ?	<input type="checkbox"/> Y	<input type="checkbox"/> N

VISUAL ACUITY (Snellens)	For distance	
	L	R
Unaided	6 /	6 /
Spectacles	6 /	6 /
Contacts	6 /	6 /
Is colour vision abnormal?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Was Ishihara method used	<input type="checkbox"/> Y	<input type="checkbox"/> N
If NO please specify method used:		

COMMENTS IN RELATION TO SECTION 2, ANY PREVIOUS MEDICAL HISTORY
<i>Please tick here if you have continued onto section 5B (Page 3):</i> <input type="checkbox"/> Y

SECTION 6: MEDICAL PRACTITIONER EXAMINERS COMMENTS: (Please continue on Section 6B if necessary)

Notable problems / conditions
Medications: _____
Disabilities: _____
Allergies: _____
Examiners comments:
<i>Please tick here if you have continued onto section 6B (Page 3):</i> <input type="checkbox"/> Y

In your opinion is the applicant fit to participate in motor boat racing	Doctors Name / stamp / Date
STATEMENT BY EXAMINER:	
I have today personally examined this applicant: _____ Signature: _____ Date: _____	



Doctors Name / stamp / Date

MEDICAL EXAMINATION FORM:

These sections are supplied for either the applicant or Dr to add further comments as required

Applicant, Have you added any pages, documents, etc? Yes No If yes, how many pages added?

Doctor, Have you added any pages, documents, etc? Yes No If yes, how many pages added?

SECTION 2B: ANY PREVIOUS MEDICAL HISTORY CONTINUED: (If Applicable)

IF YOU ANSWERED YES TO ANY QUESTION IN SECTION 2 PLEASE STATE QUESTION NUMBER AND GIVE FULL DETAILS HERE.
YOUR DR WILL BE EXPECTED TO COMMENT ON THESE IF NECESSARY.

SECTION 5B: MEDICAL PRACTITIONER EXAMINATION COMMENTS CONTINUED: (If Applicable)

SECTION 6B: MEDICAL PRACTITIONER EXAMINERS COMMENTS CONTINUED: (If Applicable)

OFFICE USE ONLY:

1 Date application received	/ /
2 Any adverse comments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 If yes, date passed on?	/ /
License #	Issued: / /
Signed:	Position

Application decision process: (If required due to medical concerns)			
Dr contacted re concern	/ /	Committee discussed	/ /
Meeting with applicant	/ /	Final decision made	/ /
Application Accepted:	<input type="checkbox"/>	Declined:	<input type="checkbox"/>
Date applicant advised	/ /		
Signed		Position in Code	



2024 ANTI-DOPING CONSENT FORM

As a member of Union Internationale Motonautique (UIM) and/or a participant in an event authorized or recognized by UIM, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with all of the provisions of the UIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "Code") and the International Standards issued by the World Anti-Doping Agency ("WADA"), as amended from time to time, and published on WADA's website.
2. I acknowledge the authority of UIM and its member National Federations under the UIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the UIM Anti-Doping Rules.
3. I acknowledge and agree that any dispute arising out of a decision made pursuant to the UIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the UIM Anti-Doping Rules, may be appealed exclusively as provided in Article [13] of the UIM Anti-Doping Rules to an appellate body, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).
4. I acknowledge and agree that the decisions of the appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
5. I understand that:
 - a. my data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by UIM and its member National Federations and WADA for anti-doping purposes;
 - b. WADA-accredited laboratories will use the anti-doping administration and management system ("ADAMS") to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
 - c. I may have certain rights in relation to my *Doping Control*-related data under applicable laws and under WADA's International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;
 - d. if I object to the processing of my *Doping Control*-related data or withdraw my consent, it still may be necessary for my UIM and its member National Federations and/or WADA to continue to process (including retain) certain parts of my *Doping Control*-related data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for the purpose of investigations or proceedings related to a possible anti-doping rule violations; or to



- establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.
- e. preventing the processing, including disclosure, of my *Doping Control*-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an anti-doping rule violation, under the Code;
 - f. to the extent that I have any concerns about the processing of my *Doping Control*-related data I may consult with the UIM and/or WADA (privacy@wada-ama.org), as appropriate.
6. I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry of my *Doping Control*, whereabouts, *Therapeutic Use Exemptions*, *Athlete Biological Passport*, and sanction-related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, *Prohibited Substance* or *Method*, and/or tribunal decision, may be publically disclosed by UIM and its member National Federations in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.
7. I understand and agree that my information may be shared with competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country. I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

I have read and understand the present declaration, and I have taken acknowledge of the UIM Anti-Doping Privacy Notice that can be found by [clicking here](#).

Date

Print Name (Last name, First name)

Date of birth
(Day/Month/Year)

Signature
(or, if a minor, signature of legal guardian)

If you as a driver cannot sign electronically the athletes consent form, please return a scanned version of the document with your signature.