



Name in Full 姓名

HKAA Licence Number 賽車執照號碼

Sex 性別  Male 男  Female 女

Date of Birth 出生日期

(DD/MM/YY)

**Part 1 – To be completed by racer (All questions below MUST be answered)**

**第一部分 – 由賽車運動員填寫 (必須回答所有問題)**

	Yes 有	No 否
1. Have you been prescribed or are you taking any of the substances shown on the World Anti-Doping Agency prohibited list? (see www.wada-ama.org) 有否被處方或使用任何列在世界運動禁藥機構禁藥清單上之物質?(請參考www.wada-ama.org)		
2. Have you had any surgical procedures within the last 2 years? 曾否在過去兩年內進行過任何手術?		
3. Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses? 曾否眼部患病或出現不正常症狀?(戴眼鏡或隱形眼鏡以外)		
4. Do you wear corrective lenses (contact lenses or glasses) for driving, including for competition? 戴眼鏡(包括眼鏡或隱形眼鏡)駕駛或比賽?		

**Have you ever been diagnosed with 閣下曾否被診斷有以下病症：**

	Yes 有	No 否
5. Heart disease or a heart disorder 心臟病或有心臟功能異常?		
6. High blood pressure 高血壓?		
7. Diabetes 糖尿病?		
8. Upper or lower extremities functional disorder 上肢或下肢功能障礙?		
9. Epilepsy 癲癇症?		
10. Seizures or any other neurological conditions? 癲癇或其他神經系統疾病?		
11. Mental disorder including treatment for depression, or any neurodevelopmental disorder including ADHD or ASD (Autism Spectrum Disorder)? 精神紊亂, 包括接受抑鬱症或其他神經發展障礙包括ADHD或ASD?		
12. Have you ever experienced severe giddiness, fainting spells or blackouts? 曾否出現嚴重頭暈、短暫失去知覺或眩暈?		
13. Have you ever had any degree of head injury, concussion or unconsciousness as a result of trauma to your head? 曾否頭部受傷、腦震盪或因頭部受創而失去知覺?		
14. Are you aware of, have been diagnosed with or are being treated for any other conditions which may affect your ability to drive? 是否知悉、被診斷或接受治療以致出現其他狀況而影響閣下之駕駛能力?		

List the date and details of any medical issues or surgical procedures declared above.

Also list the name of any medication/treatment you received or are receiving:

請在以下位置詳細列出你在上述所申報的相關醫療及手術資料, 包括日期及詳情。並列出你曾接受或正接受之藥物或其他治療。

**Please read carefully the following statements and sign below to confirm your understanding and acceptance.**

請仔細閱讀以下事項, 並以簽署確認你已明白及接受以下事項。

- ◆ I confirm that the information given on this form and any supporting documentation is true and complete. If I provide false information I understand that I may face financial penalties and the HKAA may take disciplinary action against me, which may lead to my licence being permanently withdrawn. 本人確認本表格中所提供的資料及相關文件乃正確無訛及完整, 並明白若本人提供任何虛假資料, 將有可能被罰款或被香港汽車會作出紀律處分, 可能導致賽車執照被永久撤銷。
- ◆ I undertake to make no use of drugs or of prohibited methods as defined in The Prohibited List of the World Anti-Doping Code of the WADA and by the Anti-Doping regulations of the FIA. (see www.wada-ama.org and FIA)  
本人承諾不使用世界運動禁藥機構(WADA)和FIA Anti-Doping規定中所列明的禁用藥物或禁用方法(請參閱www.wada-ama.org及FIA規定)。
- ◆ I will not take part in any practice or competition while under the influence of drugs or alcohol. 本人不會在藥物或酒精影響下參加任何練習或比賽。
- ◆ I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct.  
本人確認交予負責醫生有關本人現時健康狀況及過去病歷之資料正確。
- ◆ I authorise any hospital or medical practitioner to furnish information relative to my medical conditions to HKAA.  
本人同意任何醫院或醫務人員提供此有關本人健康狀況予香港汽車會。
- ◆ I understand that if any medical conditions arise during the validity of my licence, including (but not limited to) accidents at motorsport events, I must inform HKAA prior to competing in any further motorsport events.  
本人明白若在賽車執照有效期內出現任何病症, 包括但不限於賽車活動時之意外, 本人必須在參與其他賽車活動前向香港汽車會申報。

Signature 簽署

Date 日期

Should there be any inconsistency between the English and the Chinese versions of the translation, the English version shall prevail.

中文譯本之文義如與英文本有異, 概以英文本為準。



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**Part 2 – To be completed by doctor 第二部分 – 由醫生填寫**

	N/A	Yes	No
1. Are you the applicant's usual doctor?			
2. Is the resting ECG normal? (Only to be completed if aged UNDER 45 and applying for International Licence) When was the resting ECG performed? (DD/MM/YYYY)		/	/
3. Is the stress-related ECG normal? (Only to be completed if aged 45 or above and applying for International Licence) When was the stress-related ECG performed? (DD/MM/YYYY)		/	/
4. Blood pressure		/	
5. ABO blood group		Rh	

**The "normal" answer to each question below is "NO". In respect of each "YES" response, further details should be provided in the doctor's remarks box.**

	Yes	No
6. Is there any evidence of abnormality of the heart or cardiovascular system?		
7. Is there any evidence of a physical or mental condition in the applicant's medical history?		
8. Has the applicant suffered from epilepsy, seizures or any other neurological conditions?		
9. Does the applicant have any physical abnormality or restriction of movement in the arms or legs?		
10. Vision		
a. Uncorrected (without corrective lenses)	R eye	L eye
b. Corrected (wearing corrective lenses if necessary)	R eye	L eye
c. Field of vision	R eye	L eye
d. Pupil reaction to L & A	R eye	L eye
e. Is there any ocular history that suggests the possibility of visual field loss? (If "YES", please give details below)	Yes	No
f. Were there any abnormalities on the colour vision test? (If "YES", please give details below)	Yes	No
11. Please check your answers – Note that ANY unanswered questions will require further information submitted by you.		

**Sign below to certify that you have examined the applicant in accordance with the requirements of this form and declare that in your opinion he / she is : ( Please use "✓" for your opinion)**

**FIT** to drive a car / ride a motorcycle in races or other speed events.

**NOT FIT** to drive a car / ride a motorcycle in races or other speed events; or pending further investigation or verification.

**Doctor's remarks:**

Doctor's signature with stamp

Doctor's signature with stamp

Name in full

Name in full

Date of examination

(DD/MM/YY)

Address