



## RYA MEDICAL CERTIFICATE

### PART A. MEDICAL DECLARATION – To be completed by applicant

Surname:	Age:	
First Names in Full:	Date of Birth:	Sex:
Address:		Post Code:

**The following questions must be answered by all applicants for a competition licence:**

1. Name and address of your regular Doctor

**(NOTE: DO NOT FORGET TO USE THE ENCLOSED THERAPEUTIC EXEMPTION FORM IF YOU REQUIRE IT)**

Continuation of questions for applicant:		YES OR NO
2	Have you ever been rejected, or accepted at increased premium, for life insurance on medical grounds?	
3	Have you ever been treated for or do you now have, or have ever had any of the following medical problems:	
	(i) Nervous breakdown, mental disease or disorder?	
	(ii) Head injury associated with unconsciousness or concussion, of which required a stay in hospital for observation or investigation?	
	(iii) Heart disease or disorder or conditions causing shortness of breath on exertion?	
	(iv) High Blood Pressure requiring investigation or treatment?	
	(v) Diabetes?	
	(vi) Epilepsy (when sleeping or awake), fits, dizziness (vertigo), fainting attacks or blackouts of any duration?	
	(vii) Disease of or injury or operation to either eye?	
	(viii) Have you any abnormality or restriction of power or range of movement of any arm or leg or of the Cervical (neck) (Spine)?	
4	(i) Is your eyesight normal in both eyes?	
	(ii) If the answer to 4(i) is No, is your eyesight normal with spectacles or other correction? When driving (racing) with correction do you wear <b>GLASSES/CONTACT LENSES?</b> (delete as applicable)	
5	Are you taking any medication on a regular basis (prescribed or non-prescribed)?	
	If so, please declare under Extra Medical Information, the condition being treated and the nature of the medication and provide a copy of a valid medical prescription.	

**NOTE: Please answer all questions in the end column Yes or No – your licence may be delayed if this form has to be returned to you for completion. If YES to any part of questions, 2, 3 & 5, please supply full details on a separate sheet.**

## EXTRA MEDICAL INFORMATION

If you wish to add to the simple Yes or No answers opposite please make reference to the relevant section and comment on a separate sheet giving details of Hospital or Consultant (Specialist) with dates if possible.

I declare that the statements made to the RYA in Part A regarding my physical and mental condition and any previous injury or illness is true and accurate. I further declare that if subsequent to being granted a licence I should suffer any illness or accident which might be liable to affect its validity I will declare this to the RYA so that the RYA can consider whether I should take part in subsequent competition.

(If information is withheld, misleading or false, you may be liable to suspension of your RYA licence and your insurance protection will be invalidated).

I authorise any hospital or medical practitioner to provide information relating to my medical condition to the RYA Medical Officer for the purpose only of helping that Doctor decide if I am fit to undertake powerboat racing.

<b>Signature of Applicant:</b>	<b>Date:</b>
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## PART B:

### PART B(i) – MEDICAL NOTES FOR THE EXAMINING DOCTOR:

Competitors in powerboat races held under the jurisdiction of the RYA and the RYA affiliated clubs are required to pass the RYA approved medical examination.

No competition licence will be issued until the Medical Examination Form is completed and signed by a Registered Medical Practitioner.

Competitors are required to declare any physical or mental disability.

Competitors must sign the declaration which permits the RYA to request details of their medical history from their General Practitioner or from any hospital or other practitioner.

For this reason the examining Doctor is asked to ensure that his full address is entered upon the form.

The fees for the Medical Examination and any Specialist Examinations are the responsibility of the applicant (competitor) and not the RYA, and would normally be expected to follow the guidelines currently recommended by the BMA.

The medical examination should be carried out to a standard similar to that required for Life insurance.

Diabetics\* may apply to the RYA Medical Officer for the issue of a licence to be considered.

Epileptic applicants will not be issued for a licence to race.

Applicants who have had, or still suffer from the following may be regarded as unfit to hold a powerboat licence:

- (i) Myocardial infarction
- (ii) Myocardial ischaemia
- (iii) Coronary artery by-pass surgery
- (iv) Serious valvular disease of the heart or other cardio vascular conditions which give rise to cardiopulmonary problems
- (v) Severe hypertension which has given rise to cardiopulmonary problems
- (vi) Misuse/abuse of alcohol or illicit drugs in the last 3 years

Amputations of any type could be incompatible with fitness to race apart from minor amputations of one or two fingers where the normal function of the hand is unimpaired. Absence of a thumb could also be incompatible with fitness. Where the functioning of the limbs is limited free movement should not be less than 50% or normal capability.

Patients requiring the use of any orthopaedic appliance should declare this so that specific consideration can be made of the case by the RYA Medical Officer.

#### Eyesight:

Normal binocular vision is required with full visual fields, normal eye movements and normal stereoscopic vision. Normal colour vision is required. (Note: if colour deficiency – this can be referred to RYA Medical Officer for second opinion)

The vision in each eye to be at least 6/9 either before or after correction

If glasses or contact lenses are worn this should be stated on the form

Contact lenses may be worn provided there is reasonable vision in both eyes without the lenses in place.

The visual acuity in each eye to be stated both with and without the contact lenses in place

The examiner should bear in mind that powerboat racing may take place at high speeds over turbulent water in confined areas, or upon waters used by the public, when considering the suitability of the application (competitor).

**PART B (ii) – MEDICAL EXAMINER’S REPORT (to be completed by doctor)**

This section must be completed by a Registered Medical Practitioner. Doctors are asked to note the answers to Part A and to read the notes before completing part B (ii).

1.

<b>Doctor’s Stamp:</b>

<b>Medical Examiner’s Report continued:</b>		<b>YES OR NO</b>
2.	Are you the registered medical practitioner of the applicant?	
3.	(i) Is there evidence of abnormality of the Heart, Cardiovascular or Respiratory Systems?	
	(ii) Blood Pressure _____ BP reading: _____ / _____	
	(iii) Has the applicant had an ECG?	
	If the answer to (iii) is Yes, was this normal? PLEASE PROVIDE REPORT IF THIS WAS ABNORMAL	
4.	Is there evidence of physical or mental condition, past or present, which should, in your opinion, debar the applicant from powerboat racing?	
5.	Is there any abnormality or, or restriction of movement of arms or legs?	
6.	Vision - uncorrected R eye _____ / _____ L eye _____ / _____	
	Corrected R eye _____ / _____ L eye _____ / _____	
	Pupil Reaction L & A R eye _____ / _____ L eye _____ / _____	
	Field of Vision R eye _____ / _____ L eye _____ / _____	
	Is colour vision normal?	
7.	Is urine analysis abnormal for presence of Alb _____ Sugar _____ Blood _____	
8.	Has the applicant used any medication in the past year? If so, please list the medications:	
	(i) In your opinion is any of the medication likely to interfere with the competitor’s ability to partake in powerboat racing?	
9.	Is there evidence that the applicant has misused drugs or alcohol in the past 3 years?	
	If YES to questions 3,4,5 8 & 9, please give details:	

Should a Doctor not approve the applicant, the Medical Examiner’s Report should NOT be signed, but should be forwarded to the RYA with his/her comments recommending whether or not the applicant should be referred to the RYA Hon. Medical Officer.

This is to certify that I have today examined the applicant in accordance with the requirements of this form B(ii) and advisory notes, B(i) and declare that in my opinion he/she is fit to drive a powerboat/jet ski in competitive races.

<b>Doctor’s Signature:</b>	<b>Date:</b>