



2022 MEDICAL DECLARATION

SURNAME: _____

GIVEN NAMES: _____

RESIDENTIAL ADDRESS: _____

STATE: _____ P/CODE _____

POSTAL ADDRESS (If different from residential address) _____

STATE: _____ P/CODE _____

PHONE: (W) _____

(H) _____

Mobile: _____

OCCUPATION: _____

STATEMENT BY APPLICANT	Please tick	Yes	No
a) Do you, at present, have any disease or disability?			

Have you ever suffered from:

b) Anxiety State. Depression or any nervous or mental disorder?			
c) Headaches - recurrent or severe?			
d) Epilepsy, fits, turns or blackouts?			
e) Fainting, giddiness or dizziness?			
f) Head injury or concussion?			
g) TB, Bronchitis, Asthma or Pneumonia?			
h) Rheumatic Fever or heart disease?			
i) Indigestion, gastric or duodenal ulcer?			
j) Kidney or bladder trouble?			
k) Diabetes?			
l) Anemia or other blood disorder?			
m) Jaundice, hepatitis or glandular fever?			
n) Noises in ear, earache or discharge?			
o) Chronic sinus trouble?			
p) Any surgical operation?			
q) Any fracture or broken bones?			
r) Any illness or injury not mentioned?			
s) Wear glasses or contact lenses?			
t) Take any tablets, injections or other form of medication?			

For each 'Yes' answer, please provide full details (including dates where applicable) in space below:

Note: if there is not enough space here, please attach an additional page with the details.

Declaration to be completed by Applicant

I, hereby declare that I have carefully considered my answers to the questions above, and that to the best of my knowledge that they are complete and correct and I have not withheld any information or made any misleading statement. Furthermore, I declare that, should I sustain any accident or injury, or should any of the above answers not continue to apply throughout the currency of any licence issued to me on the basis of this medical examination, I agree to immediately surrender such licence to Mackay Power Boat Club and agree to submit myself for a further medical examination. If a female applicant, I agree to abstain from exercising the privileges of this licence in the last four (4) months of pregnancy.

Date: _____ **Signature of Applicant** _____