



SAIBA

SOUTH AFRICAN INFLATABLE BOAT ASSOCIATION

PERSONAL MEDICAL HISTORY AND EXAMINATION

1. SURNAME FIRST NAME
 2. DATE OF BIRTH MALE FEMALE
 3. WEIGHT HEIGHT
 4. BLOODGROUP Rh
 5. MEDICAL HISTORY (AND STATE)
 - a) Cardiovascular system
 - b) Respiratorial system
 - c) Gastro - Intestinal system
 - d) Genito - urinary system
 - e) Nervous system
 6. STATE ANY TREATMENT OR MEDICAL DRUGS TAKEN : (NEUROLEPTICS, ANTI-DEPRESSANTS, CANNABIS EXT.)
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 7. STATE IF ALLERGIC TO ANY DRUG / SUBSTANCE
 8. MEDICAL EXAMINATION
BP PULSE RHYTM
 9. ANY SIGN OF CARDIOVASCULAR ABNORMALITY? (PLEASE DESCRIBE)
 10. ANY SIGN OF RESPIRATORY ABNORMALITY? (PLEASE DESCRIBE)
 11. ANY SIGN OF NERVOUS SYSTEM ABNORMALITY? (PLEASE DESCRIBE)
 12. SNELLEN CHART L R COLOURVISION
 13. URINE ANALYSIS (CHEMICAL)
- DOCTOR'S NAME
- TEL NO: AFTER HOURS / EMERGENCY TEL NO:

The medical officer who is to be present at any powerboat event has the right to submit any driver entered to a physical or psychiatric examination and this at any time during the event should a entrant show odd behaviour when driving his/her boat. The result of such examination is immediately communicated to the Jury who basing themselves on the report of the medical officer, may excluded the driver from the competition.

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DOCTOR'S SIGNATURE

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DATE

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PILOT'S SIGNATURE