NEW ZEALAND JET SPORTS BOATING ASSOCIATION

MEDICAL SELF-DECLARATION

Applicant information and completion instructions

MEDICAL DECLARATION REQUIREMENTS

Any rider applying for an Open Licence to compete in Open or Limited classes must complete a medical self-declaration annually.

All other classes: complete a medical self-declaration every two years.

A doctor's certificate is required for any **Yes answer in Part A**. A Yes answer in Part B does not automatically require a certificate.

HOW TO COMPLETE AND RETURN THIS FORM

1. All applicants, including day licence applicants, must complete Sections 1, 2 and 3 and provide required supporting documents before racing.
2. If you answer Yes in Part A, take this form to your doctor for assessment and completion of Sections 4 and 5.
3. Where a doctor's assessment is required, the doctor retains Sections 1-4. Return Section 5 to the NZJSBA Licence Officer.
4. If all Part A answers are No, submit Sections 1-3 with your licence application.
5. NZJSBA may request further information or medical clearance where information supplied raises a concern about safe participation.

SECTION 1 | APPLICANT DETAILS

Full name

Date of birth

Residential address and postcode

Postal address (if different)

Mobile phone / other contact phone

Email

Occupation

HEALTH DECLARATION

Section 2 | Part A - Medical clearance questions

Tick **Yes or No** for every question. A doctor's certificate is required for any Yes answer in Part A. If unsure how to answer, seek advice from your doctor before completing the declaration.

1	Have you ever been diagnosed with epilepsy or experienced a seizure, unexplained blackout or loss of consciousness?	○ Yes	○ No
2	Have you ever been diagnosed with a heart condition, including a heart rhythm disorder, or experienced unexplained chest pain during physical activity?	○ Yes	○ No
3	Do you currently experience recurrent dizziness, fainting or problems with balance?	○ Yes	○ No
4	Do you have ongoing symptoms following a head injury or concussion, or are you awaiting medical clearance to return to sport?	○ Yes	○ No
5	Do you have a respiratory condition that causes significant breathlessness, symptoms during exercise or limitations on physical activity?	○ Yes	○ No
6	Do you have diabetes involving episodes of low blood sugar, impaired awareness of low blood sugar, or complications that may affect safe participation?	○ Yes	○ No
7	Do you currently experience a mental health condition with symptoms that may affect your alertness, concentration, judgement or ability to participate safely?	○ Yes	○ No
8	Do you have difficulty seeing clearly, including when wearing your usual glasses or contact lenses, or any restriction affecting your field of vision?	○ Yes	○ No
9	Do you have a hearing or ear condition that affects your balance or ability to recognise race instructions and warning signals?	○ Yes	○ No
10	Do you have ongoing pain, weakness, restricted movement or other physical limitations following surgery, a fracture or another illness or injury that may affect your ability to control your craft or manage yourself safely in the water?	○ Yes	○ No
11	Do you take medication that causes drowsiness, dizziness, slowed reactions or other effects that may affect safe participation, or have you been advised that it may do so?	○ Yes	○ No
12	Has a health practitioner advised you to restrict or avoid strenuous exercise, water sports or motorsport, or are you awaiting investigation of symptoms that may affect safe participation?	○ Yes	○ No
13	Do you have any other medical condition or symptoms that may affect your ability to participate safely in jet sport racing?	○ Yes	○ No

ADDITIONAL INFORMATION

Section 2 | Part B - Disclosure questions and supporting details

A Yes answer in Part B **does not automatically require a doctor's certificate**. You must also answer Part A accurately.

14	Do you wear glasses or contact lenses? If yes, state whether you require them when racing and attach a copy of your driver's licence and current glasses or contact lens prescription.	○ Yes	○ No
15	Do you take any regular medication? If yes, list the medication and the condition it treats.	○ Yes	○ No
16	Are you currently awaiting any surgery or surgical procedure? If yes, provide the condition, planned procedure, expected date (if known), symptoms and medical restrictions.	○ Yes	○ No
17	Do you have any known allergies or adverse reactions to medication, including morphine, other pain relief or anaesthetics? If yes, name the medication and describe the reaction and severity, if known.	○ Yes	○ No
18	Do you have any other allergies, medical conditions or treatment requirements that event medical personnel should know about in an emergency? Include any emergency medication you carry.	○ Yes	○ No

A doctor's certificate is not required solely because you wear glasses or contact lenses. Any other answer requiring medical clearance must still be supported by a doctor's certificate.

DETAILS OF YES ANSWERS

Include the question number, condition or relevant history, current symptoms, treatment or medication, and any restrictions or advice from your health practitioner. Attach a separate sheet if needed.

EMERGENCY CONTACT & DECLARATION

Applicant emergency information and declaration

EMERGENCY CONTACT

Full name

Relationship to rider

Contact phone number

Alternative phone number

Relevant medical information and emergency contact details may be shared with event medical personnel or emergency services where necessary for your assessment, treatment or safety.

SECTION 3 | APPLICANT DECLARATION

I declare that I have carefully considered my answers and, to the best of my knowledge, they are complete and correct. I have not withheld information or made a misleading statement.

If an illness, injury, change in health or medication may affect my ability to race safely, I agree to stop racing, notify NZJSBA and obtain medical advice before returning to competition.

Where a medical assessment is required, I authorise the Medical Assessor or their representative to obtain relevant clinical records, X-rays and pathology reports from hospitals or medical practitioners I have attended.

If a female applicant, I agree to abstain from exercising the privileges of this licence in the last four (4) months of pregnancy.

Applicant signature / date

Witness / Medical Examiner name and signature

NEW ZEALAND JET SPORTS BOATING ASSOCIATION

MEDICAL EXAMINATION

Confidential clinical report | To be retained by the Medical Examiner

SECTION 4 | TO BE COMPLETED BY MEDICAL EXAMINER

Applicant name	
Age / height (cm) / weight (kg)	
Pulse rate / blood pressure	

	Normal	Abnormal
CARDIOVASCULAR SYSTEM		
Heart size	☐	☐
Heart sounds	☐	☐
Murmurs	☐	☐
ECG (if required)	☐	☐
RESPIRATORY SYSTEM		
Air entry	☐	☐
Breath sounds	☐	☐
Accompaniments	☐	☐
ABDOMEN		
Viscera	☐	☐
Hernia orifices	☐	☐
ENT & VESTIBULAR SYSTEMS		
Tympana	☐	☐
Nystagmus	☐	☐
Sharpened Romberg	☐	☐

	Normal	Abnormal
CENTRAL NERVOUS SYSTEM		
Intellect	☐	☐
Deep reflexes	☐	☐
Coordination	☐	☐
LIMBS		
Deformity	☐	☐
Range of joint movement	☐	☐
URINE		
Protein	☐	☐
Glucose	☐	☐
VISUAL SYSTEM		
Eyes - any abnormality	☐	☐
General inspection	☐	☐
Eye movements / cover test	☐	☐
Fields / confrontation test	☐	☐

VISUAL ACUITY

Natural sight	Right 6/ _____	Left 6/ _____
With correction	**Right 6/ _____**	**Left 6/ _____**

Examiner comments - history

Examiner comments - examination

NEW ZEALAND JET SPORTS
BOATING ASSOCIATION

DOCTOR'S CERTIFICATE

Return this page to the NZJSBA Licence Officer when a doctor's assessment is required.

SECTION 5 | MEDICAL EXAMINATION RECORD

Please print clearly. The Medical Examiner must complete, sign and date this certificate and add their practice stamp.

APPLICANT DETAILS

Surname	
Given names	
Date of birth	
Residential address	

STATEMENT BY MEDICAL EXAMINER

Today I have examined:

I find this applicant **FIT / UNFIT** (please circle) to participate in personal watercraft (jet sport) racing.

Medical Examiner name

Medical Examiner signature

Examination date

Medical practice stamp (over or beside the signature)

NZJSBA OFFICE USE ONLY

Date received	
Licence number / race number	
Next medical declaration due	