

RETURN TO RACING FORM

THIS FORM TO BE COMPLETED BY A SPECIALIST DOCTOR OR THE DOCTOR WHO UNDERTOOK THE MOST RECENT SPEEDWAY AUSTRALIA MEDICAL EXAMINATION

Com	petitor Name:				
Spee	dway Australia Licen	ce No:			
1. Co	mpetitor suspected of c	and/or sustained an injury wh	ilst racing on this date	e:	
2. Co	mpetitor suspected of c	and/or sustained an injury wh	ilst racing at this venu	Je:	
3. The	nature of the suspecte	d and/or sustained injury:			
4. Na	ture of the incident the	competitor was involved in (circle the appropriat	e inciden	t):
	Car-to-Car Contact Car-to-Wall Contact		Car Rollover	Medical Incident	
5. Wa	s the competitor uncon	scious at the venue?		YES	NO (circle one)
6. Was the competitor transported to hospital within 24 hours of the event?				YES	NO (circle one)
7. Was an Infringement Notice issued by the Chief Steward?			YES	NO (circle one)	
	Undertake a complete Medical Examination (neurological as necessary for suspected/diagnosed concussion) and document this for your records. Organise any test/s, investigations, referral or treatment which you deem necessary. Complete the Declaration below and provide this Return to Racing Form to the Competitor once you are satisfied that they are medically fit to return to speedway competition.				
Decl	aration of Fitness to	Return to Speedway Ra	cing		
havin	g taken into account th	(corne nature, severity and circure medically fit to return to spe	mstances of their rec	ent diagr	nosed or suspected
	DOCTOR'S OFFICIAL ST.	AMP DOCTOR'S PROV	IDER Name: Signed:		

In order for a competitor to be able to return to racing, this form must be fully completed and emailed to admin@speedwayaustralia.net.au. If approved, the licence suspension will then be removed.

REMINDER: A 12-month licence suspension applies for submitting falsified information.



