

RECEIVED STAMP HERE  
(OFFICE USE ONLY)

**Use this form to apply for the following licences:**

**Circuit Licences** ICA, ICB, ICC, ICD, CH  
**Rally Licences** IR, IRN  
**Superkart Licences** ISK

**Please note this form must be submitted to:** CAMS Member Services, PO Box 427, Caulfield East, Victoria, 3145, or emailed to [memberservices@cams.com.au](mailto:memberservices@cams.com.au)

Please ensure all sections are completed and signed where indicated.

All licences are valid for Speed/Non Speed activity.

CAMS MEMBER NUMBER

TYPE OF LICENCE  
APPLYING FOR/RENEWING

FIXED EXPIRY DATE

NEXT MEDICAL DUE

## Details

SURNAME

GIVEN NAMES

DATE OF BIRTH

—

—

GENDER

ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE

PHONE

EMERGENCY CONTACT NAME (1)

EMERGENCY CONTACT NUMBER (1)

EMERGENCY CONTACT NAME (2)

EMERGENCY CONTACT NUMBER (2)

Please attach  
a passport  
size photo  
here  
  
(if not previously  
supplied)

DO YOU HAVE AN AUSTRALIAN CITIZENSHIP OR PERMANENT RESIDENCY?

YES

NO

**IF 'NO' NATIONALITY OF PASSPORT**

*If 'NO', you are required to provide documentary evidence of your Australian Status.*

*This can include: Appropriate section of your passport, utility bill showing your residential address, or a statutory declaration indicating that you are a resident of Australia.*

## CAMS Affiliated Club Membership

Please list the CAMS-affiliated club(s) of which you are a member (no abbreviations).

**Note: It is compulsory for all CAMS driver licence holders to be a member of a CAMS-affiliated sporting car club.**

FULL NAME OF CLUB (1)

STATE

FULL NAME OF CLUB (2)

STATE

## OFFICE USE ONLY

CAMS MEMBER NUMBER

DATE

—

—

RECEIPT NO.

AMOUNT \$

FIA DATE

—

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## Renewal Conditions

- For International A and B licences you must have been observed in one (1) International Circuit event in the last 12 months.
- For International C and D Circuit Racing you must have participated or been observed in one (1) International Circuit event or two (2) CAMS Circuit events in the last 24 months.
- For International Rally you must have competed in at least one (1) International or two (2) CAMS Rally events in the last two years.

## Pre Licence Conditions

ICA, ICB refer to Appendix L of the FIA International Sporting Code.

ICC, ICD, CH, ISK, IR, IRN refer to the CAMS Manual of Motor Sport online.

## Medical Assessment Requirements

All International Circuit, Superkart and Rally Licence holders must submit a medical record to CAMS filled by your General Practitioner or Specialist. Applicants over 45 years of age require stress ECG every two years.

**NOTE: Please find the CAMS Medical Record at the back of this form.**

## Licence Selection

### CIRCUIT/SUPERKART

ICA International Circuit A (18):	\$1,915
ICB International Circuit B (18):	\$1,810
ICC International Circuit C (16):	\$1,690
ICD International Circuit D (16):	\$1,535
CH International Circuit C Historic (Previously H1):	\$580
ISK International Superkart (16):	\$865

### RALLY

IR International Rally (16):	\$510
IRN International Rally Navigator (16):	\$510

**If you hold a National/Clubman Licence in another discipline please list the Licence type below:**

## AIMSS

### AIMSS Contribution

If you **do not** wish to make a \$10.00 contribution to AIMSS, please tick the box, and reduce your Grand Total by \$10. Please note, a \$10 AIMSS Contribution is included in adult licence fee (not applicable to junior licences).

The Australian Institute of Motor Sport Safety is a national not-for-profit organisation founded by CAMS, which is committed to improving safety in motor sport at all levels in Australia. Visit [aimss.com.au](http://aimss.com.au) for more information.

## Additional Options

### Passbook

Select this option if you require a new competitor pass book.

### CAMS Official

Tick if you would like to become a CAMS Official (there is no cost to become a CAMS Official).

## Fee Options

### Urgent Fee: \$90

If you require your licence within 5 working days of being received by CAMS please add **\$85** to the Grand Total.

**Grand Total: \$**

**NOTE: IF YOU ARE APPLYING FOR MORE THAN ONE LICENCE TYPE, PLEASE ENTER THE VALUE OF MOST EXPENSIVE LICENCE ONLY**

## Fit and Proper Person

I acknowledge and agree that it is a fundamental condition of issue of this licence and its continuing validity that I:

- 1) have advised CAMS in writing of any act, omission, fact or circumstance which may affect my ability to be and remain a fit and proper person to hold this licence and exercise the duties and privileges that relate to it;
- 2) have advised CAMS in writing if I have been found guilty of or charged with any:
  - a) serious indictable criminal offence; or
  - b) sexual offence,  
(unless this is a 'spent' or 'annulled'<sup>1</sup> conviction); and
- 3) undertake to advise CAMS immediately in writing upon any court of competent jurisdiction making any such finding, or upon being charged with any such offence.

I acknowledge and agree that CAMS may, in its absolute discretion (subject to this clause) refuse to issue, suspend or withdraw this licence at any time should CAMS reasonably form the view that I may not be, or am not, a fit and proper person to be granted or hold this licence and/or exercise any of the duties and/or privileges that arise from, or relate, to it, however I understand that before a licence is refused, suspended or withdrawn by CAMS I will be afforded the opportunity to address the CAMS Board in writing on the proposed refusal, suspension or withdrawal.

<sup>1</sup> As determined by the Crimes Act 1914 (Cth), Criminal Records Act 1991 (NSW), Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld), Spent Convictions Act 2000 (ACT), Criminal Records (Spent Convictions) Act 1992 (NT), Spent Convictions Act 1988 (WA) and/or the Annulled Convictions Act 2003 (Tas) (including their successors and replacements.)

## Health Statement (must be completed by all applicants)

Please tick if you have any significant or recurrent problems with the following:

**ANXIETY/DEPRESSION OR OTHER MENTAL HEALTH CONDITION**

**DIABETES**

**EPILEPSY**

**FITS/FAINTING/DIZZINESS**

**HEADACHES/MIGRAINE/HEAD INJURY**

**HEART DISEASE**

If you have ticked any of the above, you **ARE** required to provide additional information relating to your condition.

For more information go to: <http://www.cams.com.au/about/our-services/medical-report-forms> or contact CAMS Member Services on 1300 883 959

Please tick if you are affected by any of the following conditions

**DO YOU SUFFER FROM ANY ALLERGIES?**

**HEARING LOSS OR DEAFNESS**

**DO YOU WEAR GLASSES OR CONTACT LENSES WHEN DRIVING?**

If you have ticked any of the above, you are **NOT** required to provide information relating to these conditions and can continue with your application.

**IS THERE ANY OTHER RELEVANT MEDICAL INFORMATION THAT YOU WISH TO ADVISE?**

CAMS may request further information from you or your doctor before accepting your application for a licence. Depending on your medical history or status, CAMS may not be able to issue you with a licence.

**PLEASE SIGN IF THE ABOVE INFORMATION IS CORRECT**

SIGN HERE

## Risk Warning and Disclaimer

### RISK WARNING AND ASSUMPTION OF RISK

**Motor Sport Activities are inherently dangerous recreational activities and there is significant risk of injury, disability or death.**

If you do not wish to be exposed to such risks, then you should not participate in the Motor Sport Activities.

I **acknowledge** that:

- the risks associated with attending or participating in Motor Sport Activities include but are **NOT LIMITED** to the risk that I may suffer harm as a result of:
  - motor vehicles (or parts of them) colliding with other motor vehicles or persons or property;
  - others participants acting dangerously or with lack of skills;
  - high levels of noise exposure;
  - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
  - the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure my safety.

### EXCLUSION OF LIABILITY, RELEASE & INDEMNITY

In exchange for being able to attend or participate in the Motor Sport Activities, I **agree**:

- to **release** CAMS and the Entities to the extent that any or all of them are providing Recreational Services from all liability for:
  - my **death**;
  - any **physical or mental injury** (including the aggravation, acceleration or recurrence of such an injury);
  - the contraction, aggravation or acceleration of a **disease**;
  - the coming into existence, the aggravation, acceleration or recurrence of any other **condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs**:
    - that is or may be harmful or disadvantageous to me or the community; or
    - that may result in harm or disadvantage to me or the community,
- to **indemnify and hold harmless and keep indemnified** CAMS and the Entities to the maximum extent permitted by law in respect of any Claim by any person; and
- to attend at or participate in the Motor Sport Activities **at my own risk**.

I **understand** that:

- nothing in this document excludes, restricts or modifies any rights that I may have as a result of significant personal injury that is caused by the Reckless Conduct of CAMS and the Entities as the supplier of the Motor Sport Activities / Recreational Services;
- nothing in this document prevents the Entities from relying on any laws (including statute and common law) that limit or preclude their liability;
- nothing in this document excludes any term or guarantee which under statute cannot be excluded; however the liability of the Entities is limited to the minimum liability allowable by law;
- nothing in this document precludes me from making a claim under a CAMS insurance policy where I am expressly entitled to make a claim under that insurance policy; and
- CAMS has arranged some limited personal injury insurance coverage which may provide me with some protection for loss, damage or injury that I may suffer during my participation in the Motor Sport Activities. However, I acknowledge and accept that the insurance taken out by CAMS may not provide me with full indemnity for loss, damage or injury that I may suffer during my participation in the Motor Sport Activities, and that I may have to pay the excess if a Claim is made under an insurance policy on my behalf. I agree that my own insurance arrangements are ultimately my responsibility and I will arrange any additional coverage at my expense after taking into account CAMS insurance arrangements, this document and my own circumstances.

Where Motor Sport Activities are held in the following jurisdictions, I acknowledge that I have also read and accept the following warnings:

#### **WARNING APPLICABLE IN RELATION TO MOTOR SPORT ACTIVITIES HELD IN VICTORIA**

##### **WARNING UNDER THE AUSTRALIAN CONSUMER LAW AND FAIR TRADING ACT 2012:**

Under the Australian Consumer Law (Victoria), several statutory guarantees apply to the supply of certain goods and services. These guarantees mean that the supplier named on this form is required to ensure that the recreational services it supplies to you:

- are rendered with due care and skill;
- are reasonably fit for any purpose which you either expressly or by implication, make known to the supplier; and
- might reasonably be expected to achieve any result you have made known to the supplier.

Under section 22 of the **Australian Consumer Law and Fair Trading Act 2012 (Vic)**, the supplier is entitled to ask you to agree that these conditions do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the **Australian Consumer Law and Fair Trading Act 2012** if you are killed or injured because the services were not in accordance with these guarantees, are excluded, restricted or modified in the way set out in this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. "Gross negligence" in relation to an act or omission, means doing the act or omitting to do an act with reckless disregard, with or without consciousness, for the consequences of the act or omission. See regulation 5 of the Australian Consumer Law and Fair Trading Regulations 2012 and section 22(3)(b) of the Australian Consumer Law and Fair Trading Act 2012.

#### **WARNING APPLICABLE IN RELATION TO MOTOR SPORT ACTIVITIES HELD IN SOUTH AUSTRALIA**

##### **Your rights:**

Under sections 60 and 61 of the Australian Consumer Law (SA), if a person in trade or commerce supplies you with services including recreational services), there is:

- a statutory guarantee that those services will be rendered with due care and skill;
- a statutory guarantee that those services, and any product resulting from those services, will be reasonably fit for the purpose for which the services are being acquired (as long as that purpose is made known to the supplier); and
- a statutory guarantee that those services, and any product resulting from those services, will be of such a nature, and quality, state or condition, that they might reasonably be expected to achieve the result that the consumer wishes to achieve (as long as that wish is made known to the supplier or a person with whom negotiations have been conducted in relation to the acquisition of the services).

##### **Excluding, Restricting or Modifying Your Rights:**

Under section 42 of the Fair Trading Act 1987 (SA), the supplier of recreational services is entitled to ask you to agree to exclude, restrict or modify his or her liability for any personal injury suffered by you or another person for whom or on whose behalf you are acquiring the services (a third party consumer). If you sign this form, you will be agreeing to exclude, restrict or modify the supplier's liability with the result that compensation may not be payable if you or the third party consumer suffer personal injury.

##### **Important:**

You do not have to agree to exclude, restrict or modify your rights by signing this form. The supplier may refuse to provide you with the services if you do not agree to exclude, restrict or modify your rights by signing this form. Even if you sign this form, you may still have further legal rights against the supplier. A child under the age of 18 cannot legally agree to exclude, restrict or modify his or her rights. A parent or guardian of a child who acquires recreational services for the child cannot legally agree to exclude, restrict or modify the child's rights.

##### **Agreement to exclude, restrict or modify your rights:**

I agree that the liability of the CAMS and Entities for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is excluded.

Further information about your rights can be found at [www.ocba.sa.gov.au](http://www.ocba.sa.gov.au)

##### **DEFINITIONS**

- a. "CAMS" means the Confederation of Australian Motor Sport Ltd.
- b. "Claim" means and includes any action, suit, proceeding, claim, demand or cause of action however arising including but not limited to negligence, BUT does **NOT** include a claim under a CAMS insurance policy by any person expressly entitled to make a claim under that insurance policy;
- c. "Entities" means event and competition organisers/promoters/managers, land and track owners/managers/administrators/lessees, CAMS affiliated clubs, state and territory governments and insured listed in CAMS' public/product/professional indemnity insurance policies and each of their related bodies corporate (including their related bodies corporate) and each of their organs and agencies, officers/president/directors/executives, employees, servants, agents, partners, providers, members, competitors, drivers, co-drivers, navigators, officials, crew members, pit crew, delegates, licence holders, representatives, commissions, committees, advisers, trustees, councils, panels, shareholders, volunteers, officials, appointees, delegated bodies and sponsors.
- d. "Motor Sport Activities" means any motor sport activities or Recreational Services which are permitted or approved which CAMS regulates or administers by CAMS or otherwise under the responsibility / control of CAMS;
- e. "Reckless Conduct" means conduct where the supplier of the recreational services is aware, or should reasonably have been aware, of a significant risk that the conduct could result in personal injury to another person and engages in the conduct despite the risk and without adequate justification;
- f. "Recreational Services" means (unless otherwise defined in this document) services that consist of participation in:
  - a) a sporting activity; or
  - b) a similar leisure time pursuit or any other activity that:
    - (i) involves a significant degree of physical exertion or physical risk; and
    - (ii) is undertaken for the purposes of recreation, enjoyment or leisure.



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Multiple Car Policy

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Please call me

I'd prefer an email



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1300 326 687

## Payment

Paying by (please tick appropriate box)

Cash (ONLY if paying in person at a CAMS Office)

Cheque/Money Order (made payable to "Confederation of Australian Motor Sport Limited")

Credit Card (please complete details)

CARD NUMBER

EXPIRY

/

CVV

CARD TYPE

VISA

MASTERCARD

NAME ON CARD

SIGNED

SIGN HERE

## Declaration (must be completed by all applicants)

### ANY APPLICANT MAKING A FALSE DECLARATION IS LIABLE TO REFUSAL AND CANCELLATION OF LICENCE AND/OR INSURANCE COVER

I accept the conditions of, and acknowledge the risks arising from, attending or participating in Motor Sport Activities being provided by CAMS and the Entities. I agree to be bound by the rules, regulations and policies of CAMS at all times as a condition of continuing to hold a licence. The information I have entered into this form is true and correct and I will advise CAMS immediately if any of the information I have given is no longer true and correct. I have read, understood, acknowledge and agree to the above including the exclusion of statutory guarantees, warning, assumption of risk, release and indemnity.

SIGN HERE

DATE

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## Parent/Guardian Consent (must be completed for all applicants under 18 years of age)

I \_\_\_\_\_ of \_\_\_\_\_  
am the parent/ guardian of the above-named ('Minor') who is under 18 of age. I have read this document and understand its contents, including the exclusion of statutory guarantees, warning, assumption of risk, release and indemnity, and have explained the contents to the Minor. I consent to the Minor attending or participating in the event at his or her own risk.

SIGN HERE

DATE

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## Your Privacy

CAMS requires the above information to assess your application for a licence and, if successful, to provide you with CAMS' services. The information provided by you may be used and disclosed to others by CAMS for the purposes of CAMS' business. CAMS may not be able to issue a licence to you if you do not provide all of the information requested above. Full details of CAMS' privacy policy (including how you can access and correct your personal information and make a complaint) are available at CAMS' website (www.cams.com.au).

CAMS and its partners may send you direct marketing materials from time to time. This is in addition to relevant information which CAMS may send to you as part of CAMS' services.

Please tick this box if you DO NOT want to receive direct marketing from CAMS or its partners.

PLEASE RETURN TO: CAMS MEMBER SERVICES P.O. BOX 427 CAULFIELD EAST, VIC, 3145  
or email to: memberservices@cams.com.au

**Important** If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to CAMS Member Hotline – 1300 883 959.

**Notes:**

1. Photo ID required.
2. Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
3. If the applicant wears contact lenses, please attach to this report a certificate from the Ophthalmic Practitioner who fitted them, stating their (i) stability, (ii) duration of daily use and (iii) condition.
4. BMI (i) The Body Mass Index is weight (in kilograms) divided by the square of the height (in metres).  
(ii) 20-25 Acceptable – normal range  
25-30 Health risk area  
30-35 Obese  
35-40 Morbidly obese
5. References to Cardiovascular or CV score allude to the Framingham Study.
6. The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in Examiner's Comments.

**Member's name:** \_\_\_\_\_ **Member (licence) no:** \_\_\_\_\_ **Licence level:** \_\_\_\_\_

**What is the applicant's:** Height (in cm) \_\_\_\_\_ Weight (in kg) \_\_\_\_\_ Body Mass Index \_\_\_\_\_ CV Score \_\_\_\_\_

Reference to CV Score chart also required for all applicants.

**Cardiovascular System**

What is the pulse rate? (MAX 100) \_\_\_\_\_  
Is the rhythm abnormal? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

What is the blood pressure? (MAX 150/90) \_\_\_\_\_ / \_\_\_\_\_  
Are the peripheral pulses abnormal? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

Is there any evidence in the history or examination of past or present ischaemic heart disease? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

Fasting LIPIDS LDL \_\_\_\_\_  
HDL \_\_\_\_\_

Fasting GLUCOSE \_\_\_\_\_

**Respiratory System**

Is there any abnormality of the respiratory system on examination? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_  
Is the applicant a smoker? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

**Abdomen**

Is there any abnormality of the abdomen on clinical examination? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

**Urinary Examination**

Does the applicant's urine contain Protein \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_  
Glucose \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_  
Other abnormality? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

**Locomotor System**

1. Physical deformity, amputation or use of any orthopaedic appliance? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

2. Is there any impaired functional use, either from 1 (above) or otherwise? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor vehicle? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

**Central Nervous System**

Is there abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on examination? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

Is there any sensory impairment? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

**ENT System**

Is there any evidence of past or present vestibular disturbance, including intermittent conditions? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

Is there any abnormality of the ENT system on clinical examination? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

**Visual System**

Has the applicant any evident abnormality of the eyes? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

Are contact lenses worn? (Certificate of Ophthalmic Prac. required if YES)

Has the applicant undergone refractive surgery? (Certificate of Ophthalmic Practitioner required if YES)

**Visual Acuity**

Test each eye separately with letter chart at 6m  
Record in metric Snellen notation: eg, 6/9  
Record number of errors made in smallest line read: eg, 6/9 -3 RE LE

Unaided (without contact lenses or spectacles) 6/ \_\_\_\_\_ 6/ \_\_\_\_\_

With spectacles or contact lenses 6/ \_\_\_\_\_ 6/ \_\_\_\_\_

**Visual fields**

Do a confrontation test for each eye separately.

Is there any ocular or general medical history that suggests the possibility of visual field loss? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

Does the confrontation test suggest a loss of visual fields in either eye? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

**Colour vision**

Test with Ishihara for first licence only.  
More than three (3) errors is a FAIL indicating abnormal colour vision.

Ishihara test failed? \_\_\_ **Yes** \_\_\_ **No** \_\_\_\_\_

If YES, the applicant will most likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist or  
when visual acuity (with glasses if any or unaided if no glasses) is:  
– less than a full 6/7.5 in either eye (International Licence)  
– less than 6/9 -2 in the better eye or less than 6/18 -2 in the other eye (National Licence)

The applicant should contact CAMS to obtain a copy of the Vision Report Form to be completed by the optometrist or ophthalmologist they consult. When completed, the form should be returned to CAMS and included with the Medical Examination Record. CAMS will take into account the optometrist/ophthalmologist report when determining the applicant's fitness to participate in motor sport.

**ECG**

A **resting ECG** is required with **all** Medical Examinations.  
For International Licence applicants, a **Stress ECG** is required every **second year after age 45**.

**Stress ECG**

ECG Results: \_\_\_\_\_ / \_\_\_\_\_

Other comments:

ECG abnormal?  **Yes**  **No**

If abnormal, date completed: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Examiner's Comments**

1 On history:

2 Are there any unfavourable traits in applicant's personality, revealed by history, appearance or behaviour?

3 Has the applicant been prescribed drugs which are in contravention of the CAMS Anti-Doping policy, or inhaled asthma medications?  
If so, please advise drug, dosage and reason:

4 In your opinion, is the applicant fit to participate in motor sport?  **YES**  **NO**  **FURTHER ASSESSMENT**

**Statement by Registered General Practitioner**

The applicant was examined on: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Examiner's signature

Applicant's photo ID sighted?  **YES**  **NO**

SIGN HERE

Are you the applicant's normal GP?  **YES**  **NO**

Name of medical examiner: \_\_\_\_\_

Address of medical examiner: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_



**This medical is only valid for 3 months from the date of examiners signature**

Please return to: MEMBER SERVICES, PO BOX 427, CAULFIELD EAST, VIC 3145 or email to: memberservices@cams.com.au

**MEMBER SERVICES AND STATE MEDICAL ASSESSORS USE ONLY**

CAMS MEMBER NO.

NEXT EXAM DUE

INT

Medical every year

NAT

Medical every two years

UNFIT

MEDICAL DETAILS TO BE ENTERED ON LICENCE:

ASSESSOR'S SIGNATURE

VISUAL CORRECTION REQUIRED?  **YES**  **NO**

SIGN HERE

OTHER (PLEASE SPECIFY):

DATE \_\_\_\_\_ - \_\_\_\_\_