

## APPLICANT DECLARATION

**ONLY TO BE COMPLETED WHEN NOT USING AN OFFICIAL ANDRA MEDICAL EXAMINATION FORM**

Surname	<input type="text"/>	Given Names	<input type="text"/>
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>	State/ Postcode	<input type="text"/>
Email	<input type="text"/>		
Phone: Business	<input type="text"/>	Phone: Mobile	<input type="text"/>
Birth Date	<input type="text"/>	Gender	<input type="text"/>
Type of Vehicle to be driven	<input type="text"/>		
Occupation	<input type="text"/>		

**An applicant making a false declaration is liable to refusal or cancellation of licence**

I hereby declare that I have carefully considered the statements made below, and that, to the best of my belief, they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. Furthermore I declare that, should any of the above conditions become evident during the currency of this licence (including any on track incident requiring hospitalisation), I agree to abstain from exercising the privileges of this licence, and to notify the ANDRA Medical Assessor and submit myself for further medical examination, the results of which will be forwarded to him or her.

I hereby give my full authority the ANDRA Medical Assessor to obtain information from relevant Clinical Records, X-Ray and Pathology Reports from any Medical Officer I have previously attended.

**NB: (Female Applicants Only):** I agree to abstain from exercising the privileges of this Licence while in the last four months of Pregnancy.

**PLEASE COMPLETE ALL SECTIONS**

**STATEMENT BY APPLICANT**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Any Nervous disorder including nerves, neurasthenia or anxiety state? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Headaches <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Fits or convulsions, turns or blackouts, fainting or giddiness? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Head injury or concussion? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Tuberculosis or other lung trouble? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Rheumatic fever or heart disease? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Indigestions, gastric or duodenal ulcer? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Kidney or bladder trouble? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul> | <ul style="list-style-type: none"> <li>• Diabetes? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Anemia or any other blood disease? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Deafness or noise in the ear? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Earache or discharge from the ear? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Chronic sinusitis? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Any surgical operations? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Any injury? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Any illness not already mentioned <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Are you taking any injections, tablets or other forms of medication? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul> |
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If **YES** to any of the above questions, give full details here and provide medical clearance (if applicable):

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**SIGNATURE OF APPLICANT**  
(OR GUARDIAN/ REPRESENTATIVE IF APPLICANT IS A MINOR)

**DATE**



**NAME/ADDRESS OF GUARDIAN OR REPRESENTATIVE WHERE APPLICABLE (PLEASE PRINT)**

**OFFICE USE ONLY**

- |                |                              |                             |
|----------------|------------------------------|-----------------------------|
| Glasses        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Contact Lenses | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ANDRA Assessors Signature