

**5. BOAT DRIVERS ONLY:
TO BE COMPLETED BY A MEDICAL PRACTITIONER**

THIS FORM WILL NOT BE VALID UNLESS A **MEDICAL PRACTITIONERS OFFICIAL STAMP** EXISTS BELOW or A SIGNATURE ON ACCOMPANIED LETTERHEAD IS ATTACHED

This is to certify that I have examined

_____ (full name),

clinically including eyes, heart, lungs and blood pressure.

- I have conducted a vision and colour blindness test and he / she is positively able to identify the colours of flags etc. used by your association. (Colour blindness test for first time licence holders only)
- He / she is fit with / without (delete one) corrective lenses to drive a race boat in competition.

This examination does not reveal anything that would make it unsafe for him / her to compete in any New Zealand Water Ski Racing Association event.

DOCTORS SIGNATURE: _____

DATE: _____

Doctors Stamp

Post to: NZWSRA
PO Box 12561
Chartwell
Hamilton 3248
New Zealand

