## **HARNESS RACING NSW**



PARTICIPANT MEDICAL ASSESSEMENT (65 + DRIVER)

		Т	HIS SECTION TO BE COMPLETED BY THE APPLICANT				
SURNAME:			FIRST NAME:				
ADD	RESS:						
			POST CODE:				
PHON	NE:	BUSINESS:	PRIVATE:				
AGE	•		DATE OF BIRTH:				
STA	TEMEN	T BY LICENCE	APPLICANT	PL	EAS	E TIC	CK
	Have y	ou suffered fro	m?	YE	ES	N	0
1.	any nervo	ous disorder, includir	ng nerves, neurasthenia or anxiety state?	[	1	Γ	1
2.	headache	es?		[		[	<u>-</u>
3.	fits or co	nvulsions, turns or b	lackouts, fainting or giddiness?	[	]	[	]
4.	head inju	ry or concussion?		[	]	[	]
5.	tuberculo	osis or other lung tro	puble?	[	]	[	]
6.	rheumati	c fever or heart dise	ase?	[	]	[	]
7.	indigestic	on, gastric or duoder	nal ulcer?	[	]	[	]
8.	kidney or	bladder trouble?		[	]	[	]
9.	diabetes	?		[	]	[	]
10.	anaemia	or other blood disea	se?	[	]	[	]
11.	deafness	or noises in the ear?		[	]	]	]
12.	earache d	or discharge from the	e ear?	[	]	[	]
13.	chronic s	inusitis?		[	]	[	]
14.	any surgi	cal operations?		[	]	[	]
15.	any injuri	es related to the spo	ort of harness racing?	[	]	[	]
16.	any other	r injuries?		[	]	[	]
17.	any illnes	ses or conditions no	t already mentioned above?	[	]	[	]
18.	are you taking any injections, tablets or other medical forms of medication or have you been on medication in the past?			[	]	[	]
19.	any know	vn allergies?		[	]	[	]
	IF YOU	J HAVE ANSWE	ERED "YES" TO ANY OF THE ABOVE PLEASE PROVIDE COMPLETE DE	TAIL!	S BE	:LO\	W:

## **DECLARATION:**

If not, please specify  $\rightarrow$ 

(an applicant making a false declaration is liable to refusal or cancellation of licence).

I hereby declare that I have carefully considered the statements on the preceding page, and that, to the best of my belief and knowledge, 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 preceding conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges of such licence, and to notify HRNSW immediately, and if required, submit myself for further medical examinations which shall be conducted by a HRNSW appointed medical practitioner.

I hereby give my full authority to any HRNSW appointed medical practitioner to obtain information from relevant clinical records, X-Ray and Pathology reports, and from any Medical Practitioner I have previously attended. Signature of Applicant Witness – Medical Examiner Date MEDICAL EXAMINATION The "normal" response to each question below is "NO". In respect of each "YES" response, further details are to be provided in the MEDICAL EXAMINER'S **COMMENTS** section. Weight (kgs): Body Mass Index : What is the applicants: Please tick vappropriate column (or insert examination results where indicated) **CARDIOVASCULAR SYSTEM** YES NO What is the pulse rate? Insert result → Is the rhythm normal? What is the blood pressure? Insert result → Are the peripheral pulses abnormal? Is there any evidence (historical or detected during this examination) of past or present Ischaemic heart disease? ECG Stress Test (compulsory) Please attach test results to the medical assessment Is there any abnormality of the respiratory system on clinical examination? Is there any abnormality of the abdomen on clinical examination? URINE EXAMINATION Does the applicant's urine contain: Protein? Glucose? Other abnormality? LOCOMOTOR SYSTEM Has the applicant undergone amputation of any limb, or part of a limb, or is there any physical deformity of any limb? Does the applicant wear any form of orthopaedic appliance? Is there impaired use or movement of any joint, limb, hand or foot which might impair or compromise control of a horse during a race? **CENTRAL NERVOUS SYSTEM** Is there abnormality of the cranial nerves, limb tone, power or co-ordination, tendon or plantar response on clinical examination? Is there any sensory impairment? **ENT SYSTEM** Is there any evidence of past or present vestibular disturbance, including intermittent conditions? Is there any abnormality of the ENT system on clinical examination? **VISUAL SYSTEM** Has the applicant any deformities of the eye? Is there any evidence of horizontal or vertical squint? Is squint produced on covering either eye? Is there abnormality or defect in the visual fields on confrontation? FOR DISTANCE **VISUAL ACUITY** (Snellen Test) RIGHT LEFT Unaided 6/ 6/ Spectacles 6/ 6/ Contacts 6/ 6/ Is colour vision abnormal? Was Ishihara method used?

## **MEDICAL EXAMINERS COMMENTS:** 1. On history: On examination: Is there any recurring medical issue(s) that may affect the applicant's ability to drive in races? Do you recommend to HRNSW that the applicant is fit to drive in races? [ ] [ ] YES ] **DOUBTFUL** NO STATEMENT BY MEDICAL EXAMINER I have today personally examined this applicant. Name of Examining Doctor Signature of Doctor Examination Date Please provide Medicare Providers Number (stamp imprint) $\rightarrow$