HARNESS RACING NSW

PARTICIPANT MEDICAL ASSESSEMENT (65 + TRAINER / DRIVER)

THIS SECTION TO BE COMPLETED BY THE APPLICANT

SURNAME : _____ **FIRST NAME :** _____

ADDRESS : _____

_____ **POST CODE :** _____

PHONE : **BUSINESS :** _____ **PRIVATE :** _____

AGE : _____ **DATE OF BIRTH :** _____

STATEMENT BY LICENCE APPLICANT

Have you suffered from?

		PLEASE TICK YES	PLEASE TICK NO
1.	any nervous disorder, including nerves, neurasthenia or anxiety state?	[ ]	[ ]
2.	headaches?	[ ]	[ ]
3.	fits or convulsions, turns or blackouts, fainting or giddiness?	[ ]	[ ]
4.	head injury or concussion?	[ ]	[ ]
5.	tuberculosis or other lung trouble?	[ ]	[ ]
6.	rheumatic fever or heart disease?	[ ]	[ ]
7.	indigestion, gastric or duodenal ulcer?	[ ]	[ ]
8.	kidney or bladder trouble?	[ ]	[ ]
9.	diabetes?	[ ]	[ ]
10.	anaemia or other blood disease?	[ ]	[ ]
11.	deafness or noises in the ear?	[ ]	[ ]
12.	earache or discharge from the ear?	[ ]	[ ]
13.	chronic sinusitis?	[ ]	[ ]
14.	any surgical operations?	[ ]	[ ]
15.	any injuries related to the sport of harness racing?	[ ]	[ ]
16.	any other injuries?	[ ]	[ ]
17.	any illnesses or conditions not 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 known allergies?	[ ]	[ ]

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE PLEASE PROVIDE COMPLETE DETAILS BELOW:

_____

_____

_____

_____

DECLARATION:

(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.

What is the applicants : Height (cms) : _____ Weight (kgs) : _____ Body Mass Index : _____

Please tick √ appropriate 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?		
VISUAL ACUITY	**FOR DISTANCE (Snellen Test)**	
	RIGHT	**LEFT**
Unaided	6 /	6 /
Spectacles	6 /	6 /
Contacts	6 /	6 /
Is colour vision abnormal?		
Was Ishihara method used?		
If not, please specify →		

MEDICAL EXAMINERS COMMENTS:

1. On history:

2. On examination:

3. Is there any recurring medical issue(s) that may affect the applicant's ability to drive in races?

4. Do you recommend to HRNSW that the applicant is fit to drive in races?

[ ] YES **[ ] NO** **[ ] DOUBTFUL**

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) →