

**MEDICAL ASSESSMENT – CURRENT STATE OF HEALTH**  
(all details must be supplied and all questions answered by the applicant)

1. Present Weight <span style="float:right">kg</span>	2. Height <span style="float:right">cm</span>	3. Have you any visual defect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you presently receiving medical treatment? (attach details of medical problem and medication)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been in receipt of a sickness benefit or workers compensation payment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you any physical disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "YES" (TO Q3-6), describe:	

**PAST HISTORY**  
Are you suffering from, or have you ever suffered from, the following?

		Yes	No			Yes	No			Yes	No
7	Loss of consciousness after head injury?	<input type="checkbox"/>	<input type="checkbox"/>	8	Asthma or hay fever?	<input type="checkbox"/>	<input type="checkbox"/>	9	High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
10	Any other illness or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	11	Angina or heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	12	Epilepsy or fits?	<input type="checkbox"/>	<input type="checkbox"/>
13	Shortness of breath or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	14	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	15	Anaphylaxis or allergy?	<input type="checkbox"/>	<input type="checkbox"/>
16	Surgical operations?	<input type="checkbox"/>	<input type="checkbox"/>	17	Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	18	Fractures or joint injuries?	<input type="checkbox"/>	<input type="checkbox"/>
19	Family history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	20	High cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>				

If you responded "YES" to any of the questions above (Q7 – Q20) please provide (or attach) details:

**DECLARATION:** I declare that all answers provided are true and correct. I agree to advise Harness Racing NSW of any change that may occur in my medical condition which may affect my ability to participate in harness racing. I authorise Harness Racing NSW to provide the details of my health contained in this application to such medical practitioners it may deem necessary to determine my fitness for the role in which the application relates.

As part of your harness licence, a basic level of Personal Accident insurance coverage is provided, however, due to the Health Insurance Act, the insurance policy is unable to provide any coverage for Medicare Expenses. Therefore, we strongly recommend you take out private health insurance to assist with the reimbursement of medical costs. Please ensure you review the policy coverage to verify it is suitable for your needs.

If the applicant is under 18 years of age, the application **MUST** be signed by a Parent or Guardian.

Signature of applicant	Date
Signature of Parent or Guardian	Date

**MEDICAL PRACTITIONER'S REPORT**  
(Medical Practitioner's Use Only)

General appearance	Resting respiratory rate	Resting radial pulse rate						
Blood pressure (supine after 10 minutes)	Lungs (auscultation)	Oxygen saturation (%)						
Nervous system – limbs: Power   Tone   L=R?	Nervous system – cranial nerves	Abdomen (scars, hernias, etc)						
Ear, Nose & Throat	Spine (Fixed deformity?   FROM? – flex / extend / lateral flex / rotation   tenderness?):							
Gait	Joints (Fixed deformity?   FROM? – flex / extend / rotation   tenderness?):							
ECG (if indicated)	Urine (glucose, blood, protein)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Sight (Uncorrected)</th> <th style="width:50%;">Sight (Corrected)</th> </tr> <tr> <td>R6/</td> <td>R6/</td> </tr> <tr> <td>L6/</td> <td>L6/</td> </tr> </table>	Sight (Uncorrected)	Sight (Corrected)	R6/	R6/	L6/	L6/
Sight (Uncorrected)	Sight (Corrected)							
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:center">Hearing</th> </tr> <tr> <td style="text-align:center">Right</td> </tr> <tr> <td style="text-align:center">Left</td> </tr> </table>			Hearing		Right	Left		
Hearing								
Right								
Left								

Details of any relevant aspects of history

I conclude that, in relation to the Driving, Training or Stablehand duties (please circle applicable licence level) to be undertaken by the applicant if licenced (tick  applicable box)

YES, the applicant is **FIT** for these duties     NO, the applicant is **UNFIT** for these duties     **DOUBTFUL**, unable to make a determination at this time

**STATEMENT BY MEDICAL EXAMINER**

I have today personally examined this applicant.

Name of Examining Doctor	Signature of Doctor	Examination Date
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