

HARNES RACING NSW

PARTICIPANT MEDICAL ASSESMENT (65 + 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

PLEASE TICK

Have you suffered from?

YES 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:
