



# HARNESS RACING DRIVER'S FULL MEDICAL ASSESSMENT

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**Please note:**

- This medical is to be completed by all drivers aged 65yrs and over who wish to renew their harness racing driver's licence and is to be completed by the Examining Doctor in the presence of the applicant.
- All costs of this assessment including any associated tests are payable by the applicant.
- Applicants must undergo an examination each year after turning 65 years of age.
- The Examiner may choose to seek a second or specialist opinion on any matters arising out of this medical examination before reaching a final opinion.
- Upon completion this medical form must be returned to Harness Racing NZ together with any supporting papers which may be considered relevant for the information of the Board of Harness Racing NZ who will make the final decision to either grant or decline a licence.
- Subsequent to a medical examination clearing a driver, if the licence holder develops a medical problem or has an accident which could affect their ability to drive, he/she shall not drive until a new medical clearance is obtained.

**Direction to the examining doctor:**

Harness Racing is a professional industry and driving in harness racing events is considered to be a high risk occupation. It is requested that special emphasis be placed upon an applicant's eyesight, hearing, fitness and ability to react quickly during a race when completing the medical and the Examiner's Statement portion of the form. It is imperative that the applicant's own personal health and safety is protected as well as that of all other drivers competing in a race.

**FULL NAME:** \_\_\_\_\_ **M / F**

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **DATES LICENCE HELD** (from - to): \_\_\_\_\_

**SECTION 1: MEDICAL HISTORY**

(Please ensure full and accurate answers are provided as failure to provide information may invalidate the Medical Clearance).

**Current Weight:** \_\_\_\_\_ kg **Height:** \_\_\_\_\_ cm **Sight Defect: Yes / No**

**Have you ever smoked? Y / N** **Details:** \_\_\_\_\_  
(started/stopped/number cig/day or grams tobacco/week)

**Average standard drinks/week:** \_\_\_\_\_ **Ever > 15 drinks/week on regular basis: Y / N**

**Symptoms: Have you ever had any of the following?**

**High Blood Pressure Y / N** \_\_\_\_\_  
(When diagnosed, whether ongoing, investigation, treatment)

**Chest Pain/Discomfort Y / N** \_\_\_\_\_  
(When last occurred, frequency, is it caused by exercise, what causes it, Investigations....)  
\_\_\_\_\_

**Shortness of Breath Y / N**

\_\_\_\_\_  
(What causes it, how much can you do before short of breath, Investigations ...)

**Have you ever had Chest Discomfort or significant Shortness of Breath with exercise? Y / N**

\_\_\_\_\_  
Details

**Palpitations or Irregular Heartbeat Y / N**

\_\_\_\_\_  
Details, any associated light headedness/collapse, frequency, investigations

**Productive cough or blood in sputum Y / N**

\_\_\_\_\_  
Details, any associated light headedness/collapse, frequency, investigations

**Collapse or Near-Collapse Y / N**

\_\_\_\_\_  
Details

**Stroke, TIA, Unexplained weakness Y / N  
sensory loss or slurred speech**

\_\_\_\_\_  
Details

**Seizure Y / N**

\_\_\_\_\_  
Details, when was last event.

**Frequent headache Y / N**

\_\_\_\_\_  
Details, any other associated symptoms

**Unexplained weight loss Y / N**

\_\_\_\_\_  
Details including amount and timeframe

**Diabetes Y / N**

\_\_\_\_\_  
Details, treatment, any history of hypoglycaemic episode

**Cancer or Precancerous Condition Y / N**

\_\_\_\_\_  
Details

**Blood in faeces, abnormal bowel habit Y / N**

\_\_\_\_\_  
Details

**Digestion or Stomach Disorders Y / N**

\_\_\_\_\_  
Details

**Blood in urine, other Urinary symptoms Y / N**

\_\_\_\_\_  
Details

**Prostate Symptoms Y / N**

\_\_\_\_\_  
Details

**Hearing Difficulty Y / N**

\_\_\_\_\_  
Details

**Mental Illness Y / N**

\_\_\_\_\_  
Details

**Further details regarding any of above or other symptoms which may be relevant**

**Any Medical Diagnoses/Problems, Hospitalisations (include year/facility), Surgery**

**Medications**

Medication Name	Dose	Frequency (When you take it)

**History of accidents/trauma/ACC Claims. Also do you have any physical defects?**

**PATIENT DECLARATION**

I, \_\_\_\_\_, of \_\_\_\_\_

hereby declare that all information supplied in this application/assessment is true, complete, and correct, and I agree that if it is subsequently established that this is not the case Harness Racing New Zealand may cancel or suspend my licence.

I hereby authorise the assessing doctor to obtain any information about me and I also authorise any treatment provider/organisation which holds information about me to release this to the assessing doctor without restriction.

I also hereby authorise the release of any information obtained by means of this assessment to Harness Racing New Zealand and any of its employees or agents.

I hereby agree that the assessing doctor can consult other healthcare providers regarding my application and I understand that specialist opinions may be considered necessary before medical clearance is recommended.

I understand that I am fully liable for the cost of this assessment and any associated tests, referrals etc.

I also understand that if I develop a significant illness in the future Harness Racing New Zealand may require assessment additional to any regular (e.g. yearly) assessment which is prescribed by its regulations.

I acknowledge that the Medical Practitioner performing this assessment is examining me for the specific purpose of making a recommendation re my medical fitness for a Harness Racing Licence and that I am responsible for completing appropriate follow-up of any issues which are identified during this assessment.

I also acknowledge that Harness Racing New Zealand reserve the right to request that I have my Full Medical Assessment completed by a Doctor appointed by the Board.

If I am unhappy about any part of this assessment my recourse is to seek an additional assessment by a Doctor appointed by Harness Racing New Zealand.

I understand that the final decision re the granting of my licence, its currency, and any conditions lies with Harness Racing New Zealand and its Board.

Subsequent to my medical examination, if I develop a medical problem or have an accident which could affect my ability to drive, I will not drive until I have obtained a new medical clearance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EXAMINER’S NOTES RE HISTORY/INFORMATION SUPPLIED**

## SECTION 2: PHYSICAL EXAMINATION

General Appearance:

ENT:

Limbs/Joints:

Cardiovascular

HR:        min    Rhythm: reg    irreg    BP: \_\_\_\_\_ / \_\_\_\_\_ (recheck if necessary \_\_\_\_\_ / \_\_\_\_\_ )

Heart sounds:

Oedema:

Peripheral Circulation:

Respiratory

RR:        min

Chest expansion:

Air entry: Normal    Reduced

Auscultation:

Abdomen

(comment on tenderness, masses, distension, organomegaly, AAA, hernias if present etc....)

Nervous System

Cranial Nerves:

(include comment on visual fields)

Tone:

Power:

Sensation:

Gait:

Coordination:

Visual Acuity

Uncorrected Right: Left:

Corrected Right: Left:

Hearing

Right:

Left:

**SECTION 3: SUMMARY OF RELEVANT INVESTIGATIONS**

(Refer to Appendix – recommendations re screening investigations)



**APPENDIX: Some Investigations for Harness Racing New Zealand Driver's Medical Assessment which should be considered based upon Assessing Doctor's knowledge of patient.**

**First Assessment**

Chest Xray  
ECG  
Full Blood Count  
Electrolytes  
Glucose  
HbA1C  
Renal Function  
Liver Enzymes  
Thyroid Function  
PSA (males only)  
Iron Studies  
ESR / CRP  
MSU  
Urine microalbumin / Cr

**Subsequent Assessments**

Full Blood Count  
Electrolytes  
Glucose  
Renal Function  
Liver Enzymes  
Thyroid Function  
PSA (males only)  
Iron Studies  
ESR / CRP  
MSU  
Urine microalbumin / Cr

Note that additional investigations may be required as part of any assessment and on occasion results may indicate that further investigations are necessary. If the patient can provide verifiable results of investigations performed within the last 6 weeks these may not need to be repeated.