

DRIVER'S MEDICAL ASSESSMENT BY GP

- This medical is to be completed annually by all drivers aged 55- 64yrs who wish to renew their harness racing driver's licence.
- All costs of this assessment including any associated tests are payable by the applicant.

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.

ASSESSING MEDICAL PRACTITIONER TO COMPLETE

APPLICANT NAME IN FULL: _____ DATE OF BIRTH: ____/____/____ M / F

Relevant Medical History: _____

Current Medications: _____

Cardiorespiratory Symptoms: _____

Cardiorespiratory Examination: HR _____ BP _____ / _____ Heart Sounds: _____ JVP: _____

Oedema: _____ Lungs: _____

Abdominal Examination: _____

Neurological Symptoms: _____

Neurological Examination: _____

(include assessment of CN, detailed Visual Fields, Hearing, Power/Tone/Sensation/Coordination/Reflexes)

Locomotor Deficits/Physical Defects: _____

Visual Acuity: (corrected vision must be 6/18 or better) Uncorrected: R: _____ L: _____ Corrected: R: _____ L: _____

Other Symptoms/Relevant Examination: _____

DOCTOR'S DECLARATION: In my opinion the applicant: *(delete one)*

- has no symptoms, physical findings, or conditions which might render him/her unfit to drive.
- has the following symptoms, findings, conditions which might render him/her unfit to drive.

Prescription Lenses necessary at all times when driving: Yes / No *(Please circle which is applicable)*

Signature of Doctor: _____ Name in Full: _____ Date: _____

Doctor's Address: _____ Registration No: _____

PATIENT DECLARATION: I, (full name) _____ hereby declare that I have supplied to the assessing doctor all information relevant to this application/assessment and that my answers have been true, complete, and correct. I agree that if it is subsequently established that this is not the case HRNZ 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. **Subsequent to your medical examination clearing you to drive, if you develop a medical problem or have an accident which could affect your ability to drive you should not drive until you have obtained a clearance.**

PATIENT SIGNATURE: _____ **Date:** _____