



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)

SECTION 4: MEDICAL EXAMINER ADDITIONAL NOTES/COMMENTS

SECTION 5: DECLARATION BY EXAMINING DOCTOR

It is my professional opinion that this applicant, _____,

- currently has no symptoms or conditions which should preclude him/her from driving
- OR** (delete one statement)
- has the following symptoms or conditions which may render him/her unfit to drive

Note : Corrected vision must be 6/18 or better.

I recommend that the following conditions be considered for this applicant's licence:

Prescribed Correcting Lenses must be worn while driving **YES / NO**

NAME OF EXAMINING DOCTOR: _____

ADDRESS: _____

PHONE: _____ **REGISTRATION NO.** _____

DOCTOR SIGNATURE: _____ **DATE:** _____

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.