

## 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:** \_\_\_\_\_