MEDICAL ASSESSMENT – CURRENT STATE OF HEALTH
(all details must be supplied and all questions answered by the applicant)

1. Present Weight kg	2. Height cm	3. Have you any visual defect?	☐ Yes	☐ No
4. Are you presently receiving medical treatment? (attach details of medical problem and medication)			☐ Yes	☐ No
5. Have you ever been in receipt of a sickness benefit or workers compensation payment?			☐ Yes	☐ No
6. Have you any physical disabilities?	☐ Yes	☐ No	If "YES" (TO Q3-6), describe:	

PAST HISTORY
Are you suffering from, or have you ever suffered from, the following?

		Yes	No			Yes	No			Yes	No
7	Loss of consciousness after head injury?	☐	☐	8	Asthma or hay fever?	☐	☐	9	High blood pressure?	☐	☐
10	Any other illness or medical condition?	☐	☐	11	Angina or heart attack?	☐	☐	12	Epilepsy or fits?	☐	☐
13	Shortness of breath or dizziness?	☐	☐	14	Diabetes?	☐	☐	15	Anaphylaxis or allergy?	☐	☐
16	Surgical operations?	☐	☐	17	Do you smoke?	☐	☐	18	Fractures or joint injuries?	☐	☐
19	Family history of heart disease?	☐	☐	20	High cholesterol?	☐	☐				

If you responded "YES" to any of the questions above (Q7 – Q20) please provide (or attach) details:

DECLARATION: I declare that all answers provided are true and correct. I agree to advise Harness Racing NSW of any change that may occur in my medical condition which may affect my ability to participate in harness racing. I authorise Harness Racing NSW to provide the details of my health contained in this application to such medical practitioners it may deem necessary to determine my fitness for the role in which the application relates.

ALL APPLICANTS MUST SIGN AND DATE BELOW **(if the applicant is under 18 years of age, the application MUST additionally be signed by a parent or Guardian).**

Signature of applicant	Date
Signature of Parent or Guardian	Date

MEDICAL PRACTITIONER'S REPORT
(Medical Practitioner's Use Only)

General appearance	Resting respiratory rate	Resting radial pulse rate
Blood pressure (supine after 10 minutes)	Lungs (auscultation)	Oxygen saturation (%)
Nervous system – limbs: Power | Tone | L=R?	Nervous system – cranial nerves	Abdomen (scars, hernias, etc)
Ear, Nose & Throat	Spine (Fixed deformity? | FROM? – flex / extend / lateral flex / rotation | tenderness?):	
Gait	Joints (Fixed deformity? | FROM? – flex / extend / rotation | tenderness?):	

ECG **(if indicated)**	Urine **(glucose, blood, protein)**	Sight **(Uncorrected)**	Sight **(Corrected)**	**Hearing**
		R6/	R6/	Right
		L6/	L6/	Left

Details of any relevant aspects of history

I conclude that, in relation to the Driving, Training or Stablehand duties ***(please circle applicable licence level)*** to be undertaken by the applicant if licenced (tick √ applicable box)

☐ YES, the applicant is **FIT** for these duties ☐ NO, the applicant is **UNFIT** for these duties ☐ **DOUBTFU**L, unable to make a determination at this time

STATEMENT BY MEDICAL EXAMINER

I have today personally examined this applicant.

Name of Examining Doctor	Signature of Doctor	Examination Date