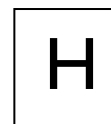


Office of Racing Integrity

All mail addressed to: PO Box 1329, Launceston 7250

Street Address: Prospect Government Offices, 171 Westbury Road, Prospect 7250

Telephone: (03) 6777 1900 Fax: (03) 6777 5148 Email: operations@racingintegrity.tas.gov.au



Harness Medical Examination Form

*****CONFIDENTIAL*****

TO THE EXAMINING MEDICAL PRACTITIONER

Introduction

The Director of Racing requires applicants for the granting of a licence as a driver, trainer/driver, trainer or Stablehand requiring driver endorsement, at harness race meetings, trials or track work in Tasmania to provide a medical certificate stating the applicants:

- (a) general health; and
- (b) fitness to drive Standardbred horses in races, trials and/or track work.

The purpose of this document is to provide background information regarding the minimum requirements in respect of such a medical certificate.

It is stressed, however, that the provision of a medical assessment and information is a matter for the professional judgement of the examining medical practitioner, who must not be limited or constrained by the information provided herein.

If you believe that an applicant requires further or other medical evaluation a recommendation should be made to the applicant for such evaluation and noted on the medical paperwork. Any application for a licence may not be considered until such evaluation is complete.

Overview of the Requirements to Drive

It should be noted that if this person is granted a driver's licence they would be permitted to drive horses in trials and/or races which are very competitive and have the capacity to affect the safety of other people and horses.

Persons granted a licence as a trainer or Stablehand must have a general fitness level, which would allow them to perform fast trackwork.

A medical practitioner who has any doubts about his or her capacity to evaluate a person's physical fitness to drive in races, trials or trackwork should decline to provide a medical certificate to any person applying for a trainer, driver, trainer/driver or stablehand licence.

Driving may place considerable physical strain on the body, including joints and muscles in the lower back, neck, hip, knee and ankle joints, and the major leg and arm muscles.

Drivers can be particularly susceptible to injuries, which may be incurred in a fall.

Drivers in races and/or trials are required to wear silks of various colours and patterns. Accordingly, it is important that they are able to identify various colours and patterns, and judge the distance between their drive and their fellow participant's drives.

During the course of a race, fellow drivers may call out to others to alert them of their position or presence and the imminence of danger. Good hearing is an essential requirement for drivers.

Particular Areas of Consideration

Without limiting the generality of the requirement for general physical fitness, an applicant for a driver, trainer/driver, trainer or Stablehand licence must be physically and psychologically fit to perform the role.

Medication

The commonest reason for refusal/deferment of a licence is the notification that the applicant has recently taken, or is currently taking, regular medication. If any of the following statements apply, the licence may be declined or deferred:

1. The therapeutic effect of the medication may put a driver at risk when s/he falls (e.g. warfarin).
2. The side effects, actual or potential, of the medication are such that they could interfere with the driver's physical capability, judgment, co-ordination or alertness (e.g. antidepressant medication)
3. A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the driver's physical capability, judgment, co-ordination or alertness (e.g. insulin dependent diabetes, epilepsy).
4. The medication is banned under the Rules of Racing (e.g. diuretics) AHRR 251 can be found at the following link – <http://www.harness.org.au/rules/AHRRules.pdf>

Asthma

Asthma controlled with inhalers is normally not a concern. Applicants requiring oral steroids or who are severely debilitated by their condition may be deferred or refused.

Convulsions

Licensing standards are broadly in line with the current international criteria – fit free for 10 years, off all anti-convulsion medication for 10 years and having no further liability to convulsions.

Hearing

Within the range 500-2000 c/sec there must be no hearing loss greater than 35dBA in either ear.

Musculoskeletal Disorders

Fractures and dislocations occur in driving. Before applying to drive, or return to driving, the applicant must have an appropriate range of pain free movement, radiological evidence of a sound bony union, clearance from an orthopaedic surgeon or other appropriate specialist medical practitioner (eg sports physician, occupational physician or rehabilitation physician) and be able to show that his/her ability to drive safely is unaffected. No driver may wear a plaster cast, backslab, fibreglass support, prosthesis, harness or similar appliance. Persons who have any type of joint replacement will not be granted permission to drive. Fracture of the skull, fractures of the spine and disc injuries are of particular concern and these applicants may be required to attend for further examination.

Other Conditions That May Warrant Further Consideration

Established cardio-vascular disease (with or without surgical intervention), endocrine disorders, chronic gastro-intestinal disease, renal failure or transplant, neoplasia, psychiatric disorders, debilitating respiratory disorders, neurological disorders, past history of head injury, intracranial bleed, skull fracture, intracranial AV malformation or aneurysm, cerebrovascular disease, unexplained loss of consciousness, cranial surgery, osteoporosis, any other chronic disease.

Surgery

Following any surgical procedure, the applicant must obtain written clearance from the specialist carrying out the procedure. After open abdominal surgery, the applicant would normally be expected to wait 12-16 weeks before applying for a licence.

Visual Acuity

- Minimum requirements with or without corrective glasses/goggles/lenses –
 - “good eye” 6/9 or better;
 - “worse eye” 6/18 or better.

Drivers are permitted to wear corrective glasses/goggles.

- Monocular vision, visual field defects and diplopia are not acceptable.

Harness Medical Examination Form

INTRODUCTION FOR DRIVERS

Medical History and Examination Medications

Drivers please be reminded that you must answer all questions in regard to your personal history.

Take special care when answering questions, which refer to any medications, drugs, tablets, supplements, weight loss products or injections that you are currently taking (if any) is completed accurately stating the dosage frequency and reason for taking the medication.

As it is important to ensure that any medication taken does not have an adverse effect on your ability to drive safely, applicants are advised that the medications and dosage will be considered when your suitability for a Driver's licence is assessed.

Reference AHRR 252B - <http://www.harness.org.au/rules/AHRRules.pdf>

To allow your application to be assessed in a timely manner, applicants who are currently taking medication; anticipate taking medication during the 2022/23 season or who have taken medication over the past 3 months, whereby;

- a) The side effects, actual or potential, of the medication are such that they could interfere with the applicant's physical capability, judgement, coordination or alertness (eg antidepressant medication).
- b) A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the applicant's physical capability, judgement, coordination or alertness (eg insulin dependent diabetes).
- c) The therapeutic effect of the medication may put a driver at risk if they suffer from a racing accident (eg warfarin).

Should obtain a report from their medical practitioner advising;

- i. The nature of the illness, condition or ailment being suffered by the driver.
- ii. That no alternative, non-banned substance would serve the same purpose for the illness, conditions or ailment concerned.
- iii. That the medication would not affect the driver in a race or trackwork to the extent that it could in any way constitute a danger to the driver or other drivers.

And submit this report with your licence application or renewal and medical history form.

Please note dependent on the nature of the illness and the medication required drivers may also be referred to a specialist by the Controlling Body licensing authority for further information.

Please note this process is required to be completed on an annual basis. Drivers who successfully followed this procedure and were issued a licence last season are not exempt and will still be required to obtain and submit such report with their renewal application.

Drivers who are in any doubt as to whether the above applies to any medications they are taking should consult their medical practitioner for advice.

PAGE PURPOSELY LEFT BLANK

PAGE PURPOSELY LEFT BLANK

The Office of Racing Integrity may also request further information from your medical practitioner in relation to any medication not described above if considered necessary.

Details of Personal Medical History - To be completed by Applicant

NAME:	DOB:
--------------	-------------

Type of Licence Application:	<input type="checkbox"/> Driver	<input type="checkbox"/> Trainer (undertaking trackwork)
	<input type="checkbox"/> Trainer/Driver	<input type="checkbox"/> Stablehand (undertaking driving duties)

Have you experienced or do you suffer from any of the symptoms or conditions listed below?
Please circle YES or NO.

REF	CONDITIONS		
1.	Mental Health and Psychological disorders including nerves, depression, bipolar disorder, nervous breakdown, mental or emotional instability, anxiety or attempted suicide.	Yes	No
2.	Headaches or migraines.	Yes	No
3.	Neurological disease including but not limited to fits, convulsion, turns, blackouts, fainting, dizziness, giddiness or epilepsy.	Yes	No
4.	Lung or chest infections, pneumonia, bronchitis, asthma or tuberculosis.	Yes	No
5.	Heart disease, blood pressure, rheumatic fever or angina pectoris.	Yes	No
6.	Indigestion, pain after eating, gastric or duodenal ulcers, hiatus hernia, gall bladder disease, recurrent diarrhoea, or appendicitis.	Yes	No
7.	Kidney or bladder problems, cystitis (inflammation of the bladder) or stones.	Yes	No
8.	Diabetes, goiter, thyroid disease or any disease of the lymphatic glands.	Yes	No
9.	Anaemia or blood disease.	Yes	No
10.	Perforated eardrums, deafness, tinnitus (noises in the ears), ear discharge or blocked ears.	Yes	No
11.	Sinusitis, frequent head colds, blocked nose, hay fever or other allergies.	Yes	No
12.	Back, spine or neck injuries or pain or arthritis.	Yes	No
13.	Fractures, or dislocations.	Yes	No
14.	Head injury, concussion or unconsciousness.	Yes	No
15.	Skin disease, eczema or dermatitis.	Yes	No
16.	Speech defect.	Yes	No
17.	Surgical procedures or hospital admission.	Yes	No
18.	Any other sickness or injury not mentioned above.	Yes	No
19.	Have you ever made a claim for Workers Compensation?	Yes	No
20.	FEMALE APPLICANTS ONLY: Gynaecological problems. EG: Dysmenorrhoea, Menorrhagia etc.	Yes	No

If you answered **YES** to any of the above questions, provide details on the next page (Details of Condition). Please ensure you clearly mark the condition reference number before the details.



REF NO.	DETAILS OF CONDITION

TETANUS:

What date did you last receive a tetanus injection or booster?

TOBACCO:

How many cigarettes or other tobacco products do you smoke per day?

ALCOHOL:

How many standard alcoholic drinks do you consume per day?

Standard drink size information can be found at:

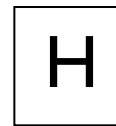
www.alcohol.gov.au/internet/alcohol/publishing.nsf

Prescriptions and Supplements:

PLEASE REFER TO THE INFORMATION PROVIDED ON PAGE 3 OF THIS FORM AND REQUEST YOUR DOCTOR TO PROVIDE DETAILS AS REQUIRED UNDER THE RULES OF RACING.

Provide details of any oral, injectable or topical medication currently prescribed for you by a Medical Practitioner or which has been prescribed for you by a Medical Practitioner in the past (also include any herbal preparations you use or have used whether prescribed or otherwise).

SUPPLEMENT / PREPARATION / MEDICATION	REASON YOU ARE USING THIS



Have you ever had a licence refused or deferred on medical grounds? Yes No

If yes please provide the following information:

Date of refusal:

Date of re-instatement:

Reason for refusal or deferment:

Have you ever had a driving licence revoked or suspended on medical grounds? Yes No

If yes, please provide the date and reason:

Declaration:

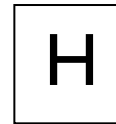
- I declare that all information I have provided within this medical report and any attachments are correct and I have not withheld any information that is relevant to this application.
- I declare that I have not provided for the purposes of this report any false or misleading information. I acknowledge that if I have provided any false or misleading information then I have failed to fulfil the standards necessary to obtain my licence and I am liable to immediate cancellation or suspension of my licence.
- I declare that if I should be diagnosed with any of the conditions listed within this medical report, or the circumstances of any of the listed conditions I currently have should change then I agree to immediately notify the Office of Racing Integrity.

Applicant Signature:

Witness Signature:

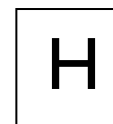
Date:

Witness Name:



PAGE PURPOSELY LEFT BLANK

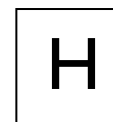
PAGE PURPOSELY LEFT BLANK



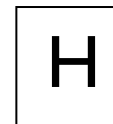
Harness Medical Examination Form

Medical Examination and Assessment (To be completed by Medical Practitioner)

NAME:			DATE:	
Applicants to provide this form for examination by Medical Practitioner				
The medical examination and assessment must include at least the following:				
1.	Height (Metres) <i>Applicant must be barefoot</i>			
2.	Weight (Kilograms <i>in underclothes</i>)			
3.	Body Mass Index (<i>Weight ÷ Height²</i>)			
	EYES			Comments on condition
4.	Lids and Cornea – Normal	Yes	No	
	Visual Acuity for Distance	Right	Left	
5.	Uncorrected	6/	6/	
6.	Corrected	6/	6/	
7.	Movement – Normal?	Yes/No	Yes/No	
8.	Fields (Confrontation test) – Normal?	Yes/No	Yes/No	
9.	Are contact lenses or spectacles worn?	Yes	No	
	EARS, NOSE & THROAT			
10.	Nose – Normal	Yes	No	
	Ears	Right	Left	
11.	External auditory canal – Normal?	Yes/No	Yes/No	
12.	Tympanic membrane – Normal?	Yes/No	Yes/No	
13.	Conversational voice@ 2.5 metres binaural – Normal?	Yes/No	Yes/No	
14.	Fields (Confrontation test) – Normal?	Yes/No	Yes/No	
	MUSCULOSKELETAL SYSTEM			
15.	Spinal function, including cervical range of motion	Yes	No	
16.	Joints, Limbs, Gait, Grip strength, general strength and range of movement in upper or lower extremities – Normal?	Yes	No	
	CENTRAL NERVOUS SYSTEM			
17.	Muscle strength, reflexes, co-ordination – Normal?	Yes	No	
18.	Any sign of gross sensory or cerebellar disturbance?	Yes	No	
	CARDIOVASCULAR SYSTEM			
19.	Pulse rhythm and Character – Normal?	Yes	No	



20.	Pulse rate – BPM – Normal?	Yes	No	
21.	Cardiac Auscultation-Normal? (Note: please perform both lying and standing)	Yes	No	
22.	Blood Pressure	Systolic	Diastolic	
	Standing			
	Sitting			
	RESPIRATORY SYSTEM			
23.	Lungs (spirometry, lung function) – Normal? <i>Testing for those with known lung disease only.</i>	Yes	No	
	DIGESTIVE SYSTEM & ABDOMEN			
24.	Oropharynx, Spleen, Liver, Other organs – Normal?	Yes	No	
25.	Is any hernia present?	Yes	No	
	GENITO URINARY			
26.	Urine			
	Glucose – Normal?	Yes	No	
	Albumin – Normal?	Yes	No	
	Blood – Normal?	Yes	No	
	Other abnormalities?	Yes	No	
27.	Testes – any abnormality affecting fitness?	Yes	No	
	FEMALE APPLICANTS ONLY			
28.	Gynaecological problems? EG Dysmenorrhoea, Menorrhagia etc.	Yes	No	
29.	Is the applicant pregnant?	Yes	No	
	OTHER			
30.	Thyroid glands – Normal?	Yes	No	
31.	Lymph glands – Normal?	Yes	No	
32.	Speech – Normal?	Yes	No	
33.	Is there any evidence of any drug or alcohol abuse?	Yes	No	
34.	Anything in the applicant’s medical history which may affect ability to perform the role?	Yes	No	(If yes, please provide details)
35.	Any other information which may be relevant?	Yes	No	



PLEASE PROVIDE, ON SEPARATE SHEET, INFORMATION RELEVANT TO REQUIREMENTS AS OUTLINED ON PAGE 2 (MEDICAL EXAMINER NOTES) AND PAGE 3 (APPLICANT INFORMATION) REGARDING MEDICATIONS THE APPLICANT MAY BE TAKING OR IS LIKELY TO TAKE.

Medical Examiner's Declaration	
Doctor's Printed Name:	
Doctor's Surgery Name: (Please print)	
Address:	
Medical Provider Number:	

I have today personally examined _____ (the applicant) in accordance with this Report and hereby declare that ***(Please circle YES or NO)***

- **YES** In my opinion the applicant IS FIT without restriction for the issue of the licence/permit applied for. I do not consider any further reports or tests are required of this applicant. I found nothing unfavourable in the applicant's personality as revealed by history, appearance and behaviour.
- **NO** In my opinion the applicant IS NOT FIT for the issue of the licence/permit applied for.

Signature of Medical Practitioner:

Date: