



MEDICAL FORM (For Drivers Only)

HRSA requires applicants for a drivers licence to provide a medical certificate stating their general health and fitness to drive harness racehorses in races, trials and/or track work.

Please complete Part **A** and have your Medical Practitioner complete Part **B**.

PART A					
FULL NAME:			DATE OF BIRTH:		
	YES	NO		YES	NO
Do you have any sight defects?			Are you presently receiving any medical treatment?		
Do you have any physical defects?			Do you have high blood pressure?		
Do you suffer from swollen ankles or kidney ailments?			Do you have diabetes?		
Do you have blood in your urine or faeces?			Do you have a chronic cough or sputum?		
Do you suffer from frequent headaches or migraines?			Do you or have you had Rheumatic Fever, Rheumatism, Joint Pain or frequent headaches?		
Have you had Tuberculosis?			Do you or have you had a mental illness?		
Do you or have you had epilepsy or fits?			Do you or have you had digestion or stomach disorders?		
Do you or have you had a weak heart or heart disease?			Do you or have you had frequent diarrhoea or Dysentery?		
Do you or have you suffered from shortness of breath or dizziness?			Do you or have you had deafness or discharge from the ear?		
Do you or have you had asthma or severe hayfever?			Do you or have you had any other medical condition?		
Do you have any physical defects?			Any other relevant information:		

DECLARATION

I declare that all answers are true and correct. I agree to advise the Controlling Body of any change in my medical condition which may affect my ability to carry out licenced activities.

Signature of Applicant: _____

Date: _____

PART B

COMPULSORY MEDICAL EXAMINATION (Medical Practitioners Use Only)

Harness Racing SA requires applicants, for the granting of a licence as a driver, to provide a medical certificate stating their general health and fitness to drive harness racehorses in races, trials and/or track work. Driving a horse may place considerable 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.



1. APPLICANTS NAME:

2. Describe the applicant's general appearance:

3. Is there any hernia?

4. Describe the condition of the following:

Lungs

Ear, nose & throat

Nervous System

Abdomen

Gland areas

Spine, limbs & joints

5. What is the applicant's blood pressure reading?

Systolic

Diastolic

6. What is the condition of the applicant's heart?

Size

Rhythm

Sounds

Pulse rate

7. Describe the applicant's sight

Uncorrected

Corrected

L6/
R6/

L6/
R6/

8. Describe the applicant's hearing

Left

Right

9. Provide details of any areas of the applicant's history that you consider relevant to the application for a licence

10. Any further comments

I conclude that in relation to driving duties to be undertaken by the applicant if licenced:

YES, the applicant is FIT for these duties

NO, the applicant is UNFIT for these duties

I, _____ have examined the abovenamed person.

Address of Examining Doctor: _____

Signature: _____ Date: _____