

Tasracing Integrity Unit

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- X SIGNATURE REQUIRED.** To apply a digital signature to this form either:
(1) Use the "Sign Document" tool **OR** (2) Select "Fill & Sign" from the menu

Harness Medical Examination Form

CONFIDENTIAL – To the Examining Medical Practitioner

Introduction

The Tasracing Integrity Unit 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.

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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.

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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 2024/25 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.

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

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Details of Personal Medical History

To be completed by Applicant

NAME:

DATE OF BIRTH:

Type of Licence Application: Driver Trainer (undertaking trackwork)
 Trainer/Driver Stablehand (undertaking driving duties)

Have you experienced or do you suffer from any of the symptoms or conditions listed below?

Please choose YES or NO

REF. CONDITION

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

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If you answered YES to any of the above questions, provide details below.
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/topics/alcohol

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	REASON YOU ARE USING THIS:

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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.

DATE	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 Tasracing Integrity Unit.

APPLICANT SIGNATURE:

DATE:

X

WITNESS SIGNATURE:

WITNESS NAME:

X

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Medical Examination and Assessment

To be completed by Medical Practitioner

NAME:

DATE:

R = Right **L** = Left

Applicants to provide this form for examination by Medical Practitioner

The medical examination and assessment must include at least the following:

1. Height (Metres) Applicant must be barefoot
2. Weight (Kilograms in underclothes)
3. Body Mass Index (Weight ÷ Height²)

EYES (**R** = Right **L** = Left)

4. Lids and Cornea – Normal Yes No
COMMENTS

Visual Acuity for Distance

5. Uncorrected: **R** 6/ **L** 6/ COMMENTS
6. Corrected: **R** 6/ **L** 6/ COMMENTS
7. Movement – Normal? **R** Yes / No **L** Yes / No
COMMENTS
8. Fields (Confrontation test) – Normal? **R** Yes / No **L** Yes / No
COMMENTS
9. Are contact lenses or spectacles worn? Yes No
COMMENTS

EARS, NOSE & THROAT

10. Nose – Normal Yes No
COMMENTS
11. External auditory canal – Normal? **R** Yes / No **L** Yes / No
COMMENTS
12. Tympanic membrane – Normal? **R** Yes / No **L** Yes / No
COMMENTS
13. Conversational voice@ 2.5 metres binaural – Normal? **R** Yes / No **L** Yes / No
COMMENTS
14. Fields (Confrontation test) – Normal? **R** Yes / No **L** Yes / No
COMMENTS

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MUSCULOSKELETAL SYSTEM

15. Spinal function, including cervical range of motion Yes No

COMMENTS

16. Joints, Limbs, Gait, Grip strength, general strength and range of movement in upper or lower extremities – Normal? Yes No

COMMENTS

CENTRAL NERVOUS SYSTEM

17. Muscle strength, reflexes, co-ordination – Normal? Yes No

COMMENTS

18. Any sign of gross sensory or cerebellar disturbance? Yes No

COMMENTS

CARDIOVASCULAR SYSTEM

19. Pulse rhythm and Character – Normal? Yes No

COMMENTS

20. Pulse rate – BPM – Normal? Yes No

COMMENTS

21. Cardiac Auscultation-Normal? (Note: please perform both lying and standing) Yes No

COMMENTS

22a. Standing Blood Pressure Systolic Diastolic

COMMENTS

22b. Sitting Blood Pressure Systolic Diastolic

COMMENTS

RESPIRATORY SYSTEM

23. Lungs (spirometry, lung function) – Normal? Testing for those with known lung disease only. Yes No

COMMENTS

DIGESTIVE SYSTEM & ABDOMEN

24. Oropharynx, Spleen, Liver, Other organs – Normal? Yes No

COMMENTS

25. Is any hernia present? Yes No

COMMENTS

GENITO URINARY

26. **Urine**
Glucose – Normal? Yes No

COMMENTS

Albumin – Normal?

Yes No

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COMMENTS

Blood – Normal?

Yes No

COMMENTS

Other abnormalities?

Yes No

COMMENTS

27. Testes – any abnormality affecting fitness?

Yes No

COMMENTS

FEMALE APPLICANTS ONLY

28. Gynaecological problems? E.g. Dysmenorrhoea, Menorrhagia etc.

Yes No

COMMENTS

29. Is the applicant pregnant?

Yes No

COMMENTS

OTHER

30. Thyroid glands – Normal?

Yes No

COMMENTS

31. Lymph glands – Normal?

Yes No

COMMENTS

32. Speech – Normal?

Yes No

COMMENTS

33. Is there any evidence of any drug or alcohol abuse?

Yes No

COMMENTS

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

IF YES, PLEASE PROVIDE DETAILS

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.

Harness Medical Examination Form

Medical Examiner's Declaration

DOCTOR'S PRINTED NAME:

DOCTOR'S SURGERY NAME: (PLEASE PRINT)

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ADDRESS:

MEDICAL PROVIDER NO.

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I have today personally examined (the applicant)
in accordance with this Report and hereby declare that (Please indicate 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:

X

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OFFICE USE ONLY

DATE RECEIVED:

DATE APPROVED:

APPROVED BY:

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Personal Information Protection Statement

By completing and submitting this document you will be providing personal information to Tasracing Pty Ltd (**Tasracing**).

Tasracing will manage personal information you provide to it in accordance with the *Personal Information Protection Act 2004* (Tas), other relevant laws which apply to Tasracing from time to time, and Tasracing's Privacy Policy.

A copy of Tasracing's Privacy Policy can be obtained from Tasracing or accessed at the following link:
tasracing.com.au/privacy-policy

Your personal information may be disclosed to third parties where it is permitted by law (or otherwise with your consent), including law enforcement agencies, courts and other organisations which are authorised to collect it.

For the avoidance of doubt and without limiting Tasracing's rights to otherwise lawfully disclose information, you expressly acknowledge and agree that your personal information may be disclosed to, and used and disclosed for their purposes by, the Tasmanian Racing Integrity Commissioner, the Racing Integrity Committee, officers appointed under section 13 of the *Animal Welfare Act 1993* (Tas) and authorised officers within the meaning of the *Biosecurity Act 2019* (Tas) in the discharge of their duties, including for purposes in connection with the *Racing Regulation and Integrity Act 2024* (Tas).

Where you provide personal information which is "basic personal information" this may be disclosed to other public sector bodies where necessary, for the efficient storage and use of that information.

The personal information you provide in connection with this document will be used by Tasracing for the purpose of processing your application for a licence and/or registration and for associated purposes pursuant to the *Racing Regulation and Integrity Act 2024* (Tas), associated legislation, and the Rules of Racing as adopted by Tasracing from time to time.

If you do not provide to Tasracing the personal information requested by this document the main consequences for you is likely to be that Tasracing may not be able to process your application and/or your application may be considered invalid.

You have the right to access your personal information by request to Tasracing and you may be charged a fee for this service. If you consider any of the personal information held by Tasracing to be incorrect or not up-to-date, please contact Tasracing.

Tasracing can be contacted in one of the ways set out on its website (tasracing.com.au), including via phone (03 6212 9333), email (admin@tasracing.com.au) or mail (PO Box 730, Glenorchy TAS 7010).