HARNESS RACING VICTORIA

Compulsory Driver's Medical Examination

(All details must be supplied with signatures and all questions answered)

Name _____ **Male** ☐ **Female** ☐

1. Present Weight ____ kgs 2. Height ____ cms 3. Age ____
4. Have you any defect in sight? *(attach details)* Yes ☐ No ☐
5. Are you presently receiving medical treatment? *(attach details)* Yes ☐ No ☐
6. Are you, or have you been in receipt of a sickness benefit or Worker's Compensation Payment? *(attach details)* Yes ☐ No ☐
7. Have you any physical defects? *(describe)* Yes ☐ No ☐

Have you ever suffered from any of the following:

8. High Blood pressure? Yes ☐ No ☐
9. Blood in urine or faeces? Yes ☐ No ☐
10. Rheumatic Fever, Rheumatism, Joint Pain or frequent headache? Yes ☐ No ☐
11. Epilepsy or fits? Yes ☐ No ☐
12. Weak heart or heart disease? Yes ☐ No ☐
13. Shortness of breath or dizziness? Yes ☐ No ☐
14. Swelling of ankles? Yes ☐ No ☐
15. Chronic Cough or Sputum? Yes ☐ No ☐
16. Tuberculosis? Yes ☐ No ☐
17. Digestion or stomach disorders? Yes ☐ No ☐
18. Frequent diarrhoea or dysentry? Yes ☐ No ☐
19. Deafness or discharging ear? Yes ☐ No ☐
20. Asthma or severe Hayfever? Yes ☐ No ☐
21. Diabetes? Yes ☐ No ☐
22. Frequent Headache or migraine? Yes ☐ No ☐
23. Mental illness or Nervous Breakdown? Yes ☐ No ☐
24. Any other illness or medical condition? *(Attach details)* Yes ☐ No ☐
25. Have you had any previous medical condition? *(Attach details)* Yes ☐ No ☐

Declaration

I declare that all answers are true and correct. I agree to advise HRV of any change that may occur in my medical condition.

Signature _____ Date _____

Please Sign *Please Date*

Medical Practioners Report (Medical Practioners Use Only)

General Appearance | Is there any hernia? | Nervous System

Ear, Nose & Throat | Gland Areas | Lungs

Abdomen | Condition of spine, limbs, joints

BLOOD PRESSURE Systolic _____ mmHg Diastolic _____ mmHg

CONDITION OF HEART Size _____ Sounds _____ Rhythm _____ Pulse Rate _____

EYES Uncorrected R6/ _____ Uncorrected L6/ _____ Corrected R6/ _____ Corrected L6/ _____

HEARING Right _____ Left _____ **URINE** Glucose _____ Albumin _____

Detail any relevant aspects of history: _____

Examiners Statement NB: Please ensure you tick the appropriate fitness category

The applicant is: fit to drive: ☐ unfit to drive: ☐ requires referral to HRV Medical Panel to determine driving fitness: ☐

Name and address or examining doctor _____

Signature _____ Date _____