



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21347055603

Licensing & Registrations
14 Hasler Road, Osborne Park WA 6017
Telephone (08) 9445 5558
Facsimile (08) 9445 5586

LICENCE/PERMIT - MEDICAL EXAMINATION REPORT

Part A & B

APPLICANTS NOTE:

- (1) Only return part A & B completed (This page) to Licensing & Registrations if you are passed "Fit".
(2) Your Doctor must retain the completed parts C & D if you are passed "Fit".
(3) If you are not passed "Fit" and wish to continue with your application you must return all parts completed, to Licensing & Registrations.

APPLICANT MUST COMPLETE PART "A"

PLEASE TICK LICENCE/PERMIT APPLIED FOR

A

Table with 2 rows and 8 columns for selecting licence types: THOROUGHBRED, HARNESS, Jockey, Driver, Apprentice Jockey, Trainer & Driver, Track Work Rider, Trainer, Trainer Riding Track Work, Stable Hand.

Have you at any time received, applied for or do you currently receive any form of accident or disability benefit or pension? eg Worker's Compensation/Personal Injury Claim/Disability Pension etc. If so provide details

Are you currently or regularly taking any prescription medicine that would be categorised as a banned or prohibited substance under the Rules of Racing for any condition? If so provide details. (Should you have any doubts, please refer to page 3 and discuss with your Examining Doctor before responding.)

Mr/Mrs/Ms/Miss

SURNAME: GIVEN NAMES:

APPLICANTS DECLARATION

I declare that all the particulars stated on this Report and attachments are complete and correct and that I have not withheld any relevant information or provided any false or misleading information, statement or declaration. I acknowledge that if I provide any false or misleading information, statement or declaration in this Report or attachments I am liable to refusal, suspension or cancellation of my licence or permit.

SIGNATURE OF APPLICANT

DATE

EXAMINING DOCTOR MUST COMPLETE PART "B"  
FITNESS FOR LICENCE/PERMIT APPLIED FOR

B

I have today personally examined the applicant in accordance with parts C & D of this Report, which included taking into account his/her answer to the questions in Part A "Have you at any time received, applied for or do you currently receive any form of accident or disability benefit or pension? eg Worker's Compensation/ Personal Injury Claim/Disability Pension etc. the , and hereby declare that (please check appropriate box:

In my opinion the applicant **HAS NO SYMPTOMS OR CONDITIONS** that **MIGHT** render him/her unfit for the issue of the licence/permit applied for and therefore **IS FIT** without restriction for the issue of the licence/permit applied for.  
Further, 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.

In my opinion the applicant has the following symptoms or conditions\*\*\* that may render him/her **UNFIT** for the issue of the licence/permit applied for and I recommend that the applicant be referred to the RWWA Medical Officer for further examination. **(NB: Applicant must return entire document if this option is applicable)**

**Symptom/Condition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NB: \*\*\*** Where an applicant requires on-going treatment with medication, or is otherwise taking such medications that are prohibited under the Rules of Racing (see details over) this may render them unfit for the issue of a licence and it is therefore appropriate to complete the above section.

\_\_\_\_\_  
*NAME & ADDRESS OF EXAMINING MEDICAL PRACTITIONER*

\_\_\_\_\_  
*SIGNATURE OF EXAMINING DOCTOR*

\_\_\_\_\_  
*DATE*

**MEDICAL EXAMINER NOTE:**

- (1) If the examining Doctor cannot declare the applicant's fitness to hold the licence/permit applied for, **all parts must be completed and returned to the applicant if he/she wishes to continue with the application.** The Examining Doctor may retain a copy.
- (2) If the applicant is under any treatment involving medications/substances prohibited by the RWWA Rules of Racing as outlined on page 3, this may render them unfit for licence, in which case this should be indicated accordingly above.
- (3) If the applicant is passed "Fit" parts, "C" & "D" **must be retained by the Examining Doctor.**
- (4) Please see EXAMINING DOCTORS NOTE regarding the licence/permit types.
- (5) Use of the words 'Fit' or "Fitness" refers to the "Fitness" of the applicant to carry out the activities regulated by the licence/permit applied for.

## PROHIBITED/BANNED SUBSTANCES

The respective Rules of Racing for Thoroughbreds and Harness below, outline those substances that are prohibited or banned in riders, drivers, Jockeys, Track Work Riders and other categories specified within the Rules.

The following are a guide to banned substances which also includes “drugs of abuse” within the scope of that expression as used in the document published by Standards Australia AS4308-1995 or its equivalent.

Lysergic acid diethylamide (LSD) (0µg/L);

All barbiturates (0µg/L);

All diuretics (0µg/L):

Probenecid: (0µg/L)

Alcohol (at a concentration in excess of 0.02% on a breath analyser):

All stimulants – substances in this group include, but are not restricted to, Amphetamine (150µg/L): Methylamphetamine (150µg/L): Methylenedioxyamphetamine (MDA) (150µg/L): Methylenedioxymethylamphetamine (MDEA) (150µg/L): Methylenedioxyethylamphetamine (MDMA) (150µg/L): Methylphenidate (0µg/L): Modafinil (0µg/L): Cocaine (100µg/L): Ephedrine (10,000µg/L).

Substances in this group excluded are: Levo-amphetamine: Levo-methylamphetamine: Phenylpropanolamine: Pseudoephedrine.

All anorectics – substances in this group include, but are not restricted to, Phentermine (500µg/L): Diethylpropion (0µg/L): Sibutramide (0µg/L).

All opiates and opioids – substances in this group include, but are not restricted to, Morphine (0µg/L), save as specified by AR.81C ): Codeine (0µg/L), save as specified in AR.81C): Oxycodone (0µg/L): Fentanyl (0µg/L): Alfentanil (0µg/L): Pethidine (0µg/L): Methadone (0µg/L): Heroin (0µg/L): Monoacetylmorphine (0µg/L): Hydromorphone (0µg/L): Buprenorphine (0µg/L).  
Substances in this group excluded are: Dihydrocodeine: Dextromethorphan: Pholcodine: Propoxyphene: Tramadol

All dissociative anaesthetics and related substances – substances in this group include, but are not restricted to: Ketamine (0µg/L): Phencyclidine (0µg/L): Tiletamine (0µg/L).

Gamma-hydroxybutyrate (GHB) and pro-drugs of GHB (1,4-butanediol: gammabutyrolactone) (10,000µg/L).

Benzylpiperazine (500 µg/L) and phenylpiperazine (0µg/L) and their derivatives (0µg/L).

Tryptamine derivatives (0µg/L) (e.g. dimethyltryptamine: alphamethyltryptamine: hydroxydimethyltryptamine and related substances)

All benzodiazepines – substances in this group include: but are not restricted to: Diazepam (200µg/L): Nordiazepam (200µg/L): Oxazepam (200µg/L): Temazepam (200µg/L): Alprazolam (100µg/L, as alpha-hydroxyalprazolam): Clonazepam (100µg/L, as 7-aminoclonazepam): Flunitrazepam (100 µg/L, as 7-aminoflunitrazepam): Nitrazepam (100µg/L, as 7-aminonitrazepam): Bromazepam (0µg/L): Clobazam (0µg/L): Flumazenil (0µg/L): Lorazepam (0µg/L): Midazolam ((0µg/L): Triazolam (0µg/L): and substances with similar structure or pharmacological activity – benzodiazepine receptor agonists (zalplon: zolpidem: zopiclone).

### **NOTE**

RWWA recognises that some medications which may fall into the above categories are essential for the treatment of substantial illness, condition or ailment suffered by an applicant for licence. Where such medication is prescribed by a medical practitioner who is a recognised specialist in the relevant field of medicine permission may be granted in consultation with the RWWA Medical Officer for that person to be granted a licence. In such circumstances full details of the condition and medication must be outlined to the Stewards for approval prior to the person engaging in activity governed by a licence.

## EXAMINING DOCTORS NOTE

**KEY PHYSICAL FACTORS REQUIRED OF AN APPLICANT FOR ANY LICENCE/PERMIT ARE – STRENGTH, MOBILITY, REFLEXES, EYESIGHT AND HEARING.**  
**PLEASE ALSO REFER TO PAGE 3 REGARDING PROHIBITED OR BANNED SUBSTANCES.**

## T H O R O U G H B R E D   A P P L I C A N T S



- Jockey & Apprentice Jockey: Require overall fitness to control a thoroughbred horse whilst riding it in races and trials.
- Track Work Rider: Require overall fitness to control a thoroughbred horse whilst riding it in fast or slow work in close proximity to other riders and horses in training.
- Trainer who rides Track Work: Require overall fitness to control a thoroughbred horse whilst riding it in fast or slow work in close proximity to other riders and horses in training.

## H A R N E S S   A P P L I C A N T S



- Driver & Trainer/Driver: Requires overall fitness to control a standardbred (Pacer/Trotter) horse whilst driving it from a sulky in races and trials.
- Trainer: Requires overall fitness to control a standardbred (Pacer/Trotter) horse whilst driving it from a sulky in fast or slow work in close proximity to other horses.
- Stable Hand: Requires overall fitness to control a standardbred (Pacer/Trotter) horse whilst driving it from a sulky in fast or slow work in close proximity to other horses.



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CONFIDENTIAL

Part C & D

LICENCE/PERMIT - MEDICAL EXAMINATION REPORT

ONCE COMPLETED, AND THE APPLICANT IS DECLARED "FIT", PARTS C & D MUST BE RETAINED BY THE EXAMINING DOCTOR. IF THE EXAMINING DOCTOR CANNOT DECLARE THE APPLICANT "FIT" AND THE APPLICANT WISHES TO CONTINUE WITH THE APPLICATION, ALL PARTS MUST BE COMPLETED AND RETURNED TO THE APPLICANT FOR REFERRAL TO THE RWAA MEDICAL OFFICER.

- THE APPLICANT MUST COMPLETE PARTS A (PAGE 1) AND C (PAGES 4 & 5).
• THE EXAMINING DOCTOR MUST COMPLETE PARTS B (PAGE 2) AND D (PAGES 6 & 7).

(PLEASE PRINT ALL DETAILS)



PLEASE TICK LICENCE/PERMIT APPLIED FOR

Table with 8 columns for THOROUGHBRED: Jockey, Apprentice Jockey, Track Work Rider, Trainer Riding Track Work

Table with 8 columns for HARNESS: Driver, Trainer & Driver, Trainer, Stable Hand

Mr/Mrs/Ms/Miss

SURNAME: GIVEN NAMES:

DATE OF BIRTH (Day) (Month) (Year)

DETAILS OF PERSONAL MEDICAL HISTORY

Have you experienced or do you suffer any of the conditions listed below? (Circle Yes or No)

Table with 3 columns: CONDITION, Yes, No. Lists 19 conditions from nervous disorders to workers compensation claims.



# PHYSICAL EXAMINATION REPORT

THE MEDICAL PRACTITIONER WHO EXAMINED THE APPLICANT MUST COMPLETE & RETAIN PART D (PAGES 5 & 6).

APPLICANT'S SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

|                                      |  |  |  |   |  |
|--------------------------------------|--|--|--|---|--|
| 1. <b>Height</b> (Metres - Barefoot) |  | 2. <b>Weight</b> (Kilograms - In underclothes) |  | 3. <b>Body Mass Index</b> (Weight ÷ Height <sup>2</sup> ) |  |
|--------------------------------------|--|--|--|---|--|

| EYES  | EXAMINER'S COMMENTS |                          |  |
|---|---------------------|--------------------------|--|
| 4. Lids & Cornea - Normal?  | Yes                 | No                       |  |
| <b>Visual acuity for distance</b>   | <b>Right</b>        | <b>Left</b>              |  |
| 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?   | No                  | Yes                      |  |
| <b>EAR NOSE &amp; THROAT</b>  |                     |                          |  |
| 10. Nose – Normal?  | Yes                 | No                       |  |
|   | <b>Ears</b>         | <b>Right</b>             | <b>Left</b>                              |
| 11. External auditory canal – Normal?   | Yes - No            | Yes - No                 | Yes - No                                 |
| 12. Tympanic membrane – Normal?   | Yes - No            | Yes - No                 | Yes - No                                 |
| 13. Conversational voice @ 2.5 metres binaural – Normal?  | Yes - No            | Yes - No                 | Yes - No                                 |
| <b>MUSCULO SKELETAL SYSTEM</b>  |                     |                          |  |
| 14. Spinal Function – Normal?   | Yes                 | No                       |  |
| 15. Strength & Range of movement in upper or lower extremities - Normal?  | Yes                 | No                       |  |
| 16. Joints – Normal?  | Yes                 | No                       |  |
| 17. Limbs - Normal?   | Yes                 | No                       |  |
| 18. Any orthopaedic appliances worn?  | No                  | Yes                      |  |
| <b>CENTRAL NERVOUS SYSTEM</b>   |                     |                          |  |
| 19. Pupillary Reflexes – Normal   | Yes                 | No                       |  |
| 20. Tendon/Reflexes – Normal  | Yes                 | No                       |  |
| 21. Cranial nerves – Normal   | Yes                 | No                       |  |
| 22. Any sign of gross sensory disturbance?  | No                  | Yes                      |  |
| 23. Any sign of paresis, tremor or tics?  | No                  | Yes                      |  |
| <b>CARDIO VASCULAR SYSTEM</b>   |                     |                          |  |
| 24. Pulse rhythm & character – Normal   | Yes                 | No                       |  |
| 25. Heart sounds – Normal   | Yes                 | No                       |  |
| 26. Pulse rate: <b>BPM</b> Normal?  | Yes                 | No                       |  |
| 27. Peripheral pulses - Normal?   | Yes                 | No                       |  |
| 28. Blood Pressure  | <b>Sitting</b>      | (Systolic) / (Diastolic) | <b>Standing</b> (Systolic) / (Diastolic) |
| 29. Note: If <b>BP</b> is greater than 140 (Systolic) or 90 (Diastolic) record <b>BP</b> after applicant has been lying down for 5-minutes. | <b>Lying</b>        | (Systolic) / (Diastolic) |  |

**RESPIRATORY SYSTEM****EXAMINER'S COMMENTS**

|                                  |     |    |
|----------------------------------|-----|----|
| 30. Respiratory system – Normal? | Yes | No |
|----------------------------------|-----|----|

**DIGESTIVE SYSTEM & ABDOMEN**

|                         |     |    |
|-------------------------|-----|----|
| 31. Oropharynx – Normal | Yes | No |
|-------------------------|-----|----|

|                     |     |    |
|---------------------|-----|----|
| 32. Spleen – Normal | Yes | No |
|---------------------|-----|----|

|                    |     |    |
|--------------------|-----|----|
| 33. Liver – Normal | Yes | No |
|--------------------|-----|----|

|                                     |     |    |
|-------------------------------------|-----|----|
| 34. Other abdominal organs – Normal | Yes | No |
|-------------------------------------|-----|----|

|                        |    |     |
|------------------------|----|-----|
| 35. Is Hernia present? | No | Yes |
|------------------------|----|-----|

**GENITO URINARY**

|                                      |     |    |
|--------------------------------------|-----|----|
| 36. <b>Urine</b> - Glucose - Normal? | Yes | No |
|--------------------------------------|-----|----|

|                   |     |    |
|-------------------|-----|----|
| Albumin - Normal? | Yes | No |
|-------------------|-----|----|

|                      |    |     |
|----------------------|----|-----|
| Other Abnormalities? | No | Yes |
|----------------------|----|-----|

|  |    |     |
|--|----|-----|
| 37 Testes – Any abnormality affecting fitness? | No | Yes |
|--|----|-----|

**SKIN**

|                    |     |    |
|--------------------|-----|----|
| 38. Skin - Normal? | Yes | No |
|--------------------|-----|----|

|                              |    |     |
|------------------------------|----|-----|
| 39. Any body marks or scars? | No | Yes |
|------------------------------|----|-----|

**OTHER**

|                             |     |    |
|-----------------------------|-----|----|
| 40. Thyroid gland – Normal? | Yes | No |
|-----------------------------|-----|----|

|                            |     |    |
|----------------------------|-----|----|
| 41. Lymph glands – Normal? | Yes | No |
|----------------------------|-----|----|

|                      |     |    |
|----------------------|-----|----|
| 42. Speech - Normal? | Yes | No |
|----------------------|-----|----|

**FEMALE APPLICANTS**

|                    |    |     |
|--------------------|----|-----|
| 43. Dysmenorrhoea? | No | Yes |
|--------------------|----|-----|

|                  |    |     |
|------------------|----|-----|
| 44. Menorrhagia? | No | Yes |
|------------------|----|-----|

|                                |    |     |
|--------------------------------|----|-----|
| 45. Is the applicant pregnant? | No | Yes |
|--------------------------------|----|-----|

**OTHER**

|   |    |     |
|---|----|-----|
| 46. Is there evidence of drug or alcohol abuse? | No | Yes |
|---|----|-----|

|  |  |  |
|--|--|--|
| 47. If the applicant is over 50 years of age, please consider but <b>do not</b> perform, fasting blood lipids, glucose & stress ECG. |  |  |
|--|--|--|

\_\_\_\_\_  
NAME OF EXAMINING DOCTOR

\_\_\_\_\_  
SIGNATURE OF EXAMINING DOCTOR

\_\_\_\_\_  
DATE

**EXAMINING DOCTOR NOTE:**

- IF THE APPLICANT IS “FIT”, PART “A” AND “B” (PAGE 1) MUST BE COMPLETED AND RETURNED TO THE APPLICANT FOR LODGEMENT WITH HIS/HER APPLICATION. PART “C” AND “D” (PAGES 3 – 6) MUST BE RETAINED BY THE EXAMINING DOCTOR.
- IF THE APPLICANT IS NOT “FIT” AND WISHES TO CONTINUE WITH THE APPLICATION ALL PARTS MUST BE COMPLETED AND RETURNED TO THE APPLICANT FOR REFERRAL TO THE RWWA MEDICAL OFFICER. THE EXAMINING DOCTOR MAY RETAIN A COPY.
- PLEASE NOTE PROVISIONS WITH RESPECT TO PRESCRIPTION MEDICINES OR SIMILAR WHICH MAY BE CONTRARY TO THE RULES OF RACING. (SEE PAGE 3).