



RACING AND WAGERING WESTERN AUSTRALIA  
 ABN 21347055603

**RWWA Licensing Department**  
 14 Hasler Road, Osborne Park WA 6017  
 Telephone (08) 9445 5558  
 Email: licreginfo@rwwa.com.au

**LICENCE/PERMIT - MEDICAL EXAMINATION REPORT**

**Part A & B**

**APPLICANTS NOTE:**

- (1) Only return part A & B completed to Licensing 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 RWWA Licensing Department.

**APPLICANT MUST COMPLETE PART "A"**

PLEASE TICK LICENCE/PERMIT APPLIED FOR

A

THOROUGHBRED	<i>Jockey</i>		<i>Apprentice Jockey</i>		<i>Track Work Rider</i>		<i>Trainer Riding Track Work</i>	
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HARNESS	<i>Driver</i>		<i>Trainer &amp; Driver</i>		<i>Trainer</i>		<i>Stable Hand</i>	
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**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:** \_\_\_\_\_

**A P P L I C A N T S D E C L A R A T I O N**

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. I also declare should any of the Conditions contained herein become evident during the currency of my licence or permit I agree to abstain from carrying on any activity regulated by or associated with the licence or permit and immediately advise the Stewards, and if required submit myself to examination by a Medical Practitioner approved by Racing & Wagering WA (RWWA). I also authorise a Medical Practitioner approved by RWWA to obtain information from relevant Clinical reports and X-ray and Pathology reports from any Medical Practitioner I have attended. I also authorise RWWA to refer relevant information to other medical personnel to use the information for the purposes of assessing my suitability to be granted or retain a licence or permit. I acknowledge that I am required to provide immediate written notification to Licensing of any changes which may affect my fitness to carry out the activities associated with my licence/permit.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

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

B

Mr/Mrs/Ms/Miss

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

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. 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): Methylenedioxymethylamphetamine (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.



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 RWWA 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 ✓

THOROUGHBRED	Jockey		Apprentice Jockey		Track Work Rider		Trainer Riding Track Work	
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)

CONDITION

1. Nervous disorders including nerves, Depression, nervous breakdown, mental or emotional instability, Anxiety state or attempted suicide.	Yes	No
2. Headaches or Migraine	Yes	No
3. Fits, convulsions, turns, blackouts, fainting, 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, Goitre, 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), earache, ear discharge or blocked ears.	Yes	No
11. Sinusitis, frequent head colds, blocked nose, hay fever or 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



## PHYSICAL EXAMINATION REPORT

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

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

1. Height (Metres - Barefoot)		2. Weight (Kilograms - In underclothes)		3. Body Mass Index (Weight ÷ Height <sup>2</sup> )	
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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	
12. Tympanic membrane – Normal?			Yes - No	Yes - No	
13. Conversational voice @ 2.5 metres binaural – Normal?			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 BP is greater than 140 (Systolic) or 90 (Diastolic) record BP 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
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**DIGESTIVE SYSTEM & ABDOMEN**

31. Oropharynx – Normal	Yes	No
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32. Spleen – Normal	Yes	No
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33. Liver – Normal	Yes	No
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34. Other abdominal organs – Normal	Yes	No
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35. Is Hernia present?	No	Yes
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**GENITO URINARY**

36. <b>Urine</b> - Glucose - Normal?	Yes	No
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Albumin - Normal?	Yes	No
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Other Abnormalities?	No	Yes
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37 Testes – Any abnormality affecting fitness?	No	Yes
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**SKIN**

38. Skin - Normal?	Yes	No
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39. Any body marks or scars?	No	Yes
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**OTHER**

40. Thyroid gland – Normal?	Yes	No
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41. Lymph glands – Normal?	Yes	No
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42. Speech - Normal?	Yes	No
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**FEMALE APPLICANTS**

43. Dysmenorrhoea?	No	Yes
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44. Menorrhagia?	No	Yes
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45. Is the applicant pregnant?	No	Yes
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**OTHER**

46. Is there evidence of drug or alcohol abuse?	No	Yes
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47. If the applicant is over 50 years of age, please consider but <b>do not</b> perform, fasting blood lipids, glucose & stress ECG.		
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\_\_\_\_\_  
NAME OF EXAMINING DOCTOR

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

\_\_\_\_\_  
DATE

**EXAMINING DOCTOR NOTE:**

- IF THE APPLICANT IS “FIT”, PART “A” AND “B” 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 REFERENCE 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).