



**HEALTH ASSESSMENT FORM**  
**STABLEHAND / TRACKWORK RIDER**

Dear Doctor,

Thoroughbred Racing S.A. Limited (TRSA) is the regulator of thoroughbred racing in South Australia. Anyone who rides thoroughbred racehorses in trackwork must hold a registration issued by TRSA. Prior to renewing any stablehand / trackwork rider's registration, TRSA requires the rider to be assessed by a General Practitioner. This assessment will assist TRSA to assess the risk to the licensee and others, in the event that a stablehand / trackwork rider's registration is renewed. The reverse side of this document lists a range of conditions which may be associated with increased risk of employment.

A completed health assessment form signed by a General Practitioner, must be submitted to TRSA to enable consideration to be given to renewing the rider's licence.

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To: Thoroughbred Racing S.A. Limited

Given the available medical information provided by \_\_\_\_\_

I believe that this person:

does not appear to be at *significantly increased risk* of sustaining a work-related condition or aggravating an existing condition in undertaking the nominated role

*or*

is at *increased risk* of sustaining a work-related condition or aggravating an existing condition in undertaking the nominated role

*or*

demonstrates an absolute medical contraindication to participation as a rider for the following reasons -

Is there any additional inquiry / investigation / examination you recommend be undertaken to assess the effective functioning of the licensee in his / her role as a rider?

The applicant has disclosed to me that they are currently taking the following medication / supplements: (please list)

Doctor's Name: ..... Qualifications: .....

Address: .....

Signature: ..... Date: .....



**NOTICE TO EXAMINING MEDICAL PRACTITIONER**  
**STABLEHAND / TRACKWORK RIDERS**

**A list of conditions which may be associated with increased risk in employment or prevent effective functioning in the role of a Trackwork Rider**

**NOTE:** This 'List of Conditions' is only intended to be used by the applicant and assessing medical practitioner as a guide. It is not intended to be a complete or exhaustive list of conditions or characteristics which can effect the risk or effectiveness in undertaking the nominated role.

- Any condition which can result in dizziness and/or unsteadiness or uncontrolled loss of stability including:
  - A history of epilepsy
  - A history of cerebrovascular disease
  - Any condition which can affect level of consciousness
  - Other relevant neurological disorder
  - Any condition which can affect co-ordination or reaction time
  - A history of coronary artery disease
  - A history of diabetes where the level of control is insufficient to protect against uncontrolled loss of stability
- A significant uncorrectable visual defect or hearing defect.
- A skin condition adversely affected by heat, humidity or exposure to ultraviolet light.
- any musculo-skeletal condition which could be adversely affected by significant physical exertion and use of physical force.
- Any condition which would affect standing tolerance, walking tolerance, sitting tolerance.
- Any condition which affects strength / range of movement of arms or legs.
- Any condition which affects hand grip.
- A respiratory disease associated with shortness of breath on exertion.
- Any emotional or psychiatric disorder which could lead to impulsiveness or impaired judgement.
- Any condition which affects alertness and concentration.
- Any medication which significantly alters physical functioning and mental acuity and judgement.
- A history of substance abuse.
- Any condition of characteristic which would prevent the wearing of protective clothing, eg helmets, gloves, body protection devices, footwear and long-sleeved shirts and trousers.