

CONFIDENTIAL

Medical History and Examination Record

Medical History and Examination Record for Licensed Jockeys, Apprentices and Persons applying for issue of Licence to ride (as required).

N.B. PAGES 1 & 2 ARE TO BE COMPLETED BY APPLICANT. PAGES 3 & 4 TO BE COMPLETED BY MEDICAL EXAMINER.

POSITION APPLICANT

SURNAME:	NAME:
ADDRESS:	
NIC/ PASSPORT NO.:	
CONTACT NO.:	
NAME AND PHONE NUMBER OF NEXT OF KIN :	

PERSONAL HISTORY

Have you ever suffered from: (Answer 'YES' or 'NO' to all questions) If 'YES' please give details in the space below.

1. Any nervous disability (including Nerves, Depression, Nervous Breakdown, Mental or Emotional Instability, Neurasthenia or Anxiety State or Attempted Suicide)? _____
2. _____
3. Headaches, Migraine? _____
4. Fits, Convulsions, Turns, Blackouts, Fainting, Giddiness or Epilepsy? _____
5. Lung or Chest trouble, Pneumonia, Bronchitis, Asthma? _____
6. Heart Disease, Blood Pressure or Rheumatic Fever? _____
7. Kidney or Bladder Trouble, Cystitis, Stones? _____
8. Diabetes, Goitre, thyroid Disease or any Disease of Glands? _____
9. Anaemia or Blood Disease? _____
10. Perforated Ear Drums, Deafness or Noises in the Ear, Earache or Ear Discharge, Blocked Ears? _____
11. Backache, Back Injuries, Spinal Problems, Neck Injuries or Pains, Arthritis? _____
12. Fractures or Dislocations? _____
12. Head Injury, Concussion, Unconsciousness, Blackouts? If yes, have these been ongoing? _____

13. Any Surgical Operations? _____
14. Any other Sickness or Injury in the last year? _____
15. Have you ever made a Claim on Workers' Compensation? _____
16. Do you at present take any Medicine, Drug, Tablets or Injections? _____
17. What is your weekly consumption of Alcohol? _____
18. Are you prescribed contact lenses? If yes do you require/wear them for riding? _____
19. **Family History**
Do you or your family have a record of heart disease or Strokes? If yes please detail? _____
20. Have you experienced :
- an increase in shortness of breath when walking up hills or riding? _____
 - any chest tightness _____
 - a decreased level of fitness _____
21. Do you have a current driver's licence? _____
- If Yes, are there are any restrictions on your driver's licence: _____
- If No, is there any physical reason why you do not have a driver's licence? _____

DECLARATION

I declare that the information which I have set out in this application is truthful and I understand that if I make a false declaration, I am liable to refusal or cancellation of my license. Furthermore, I authorise the examining doctor to make this acquired information relating to my health available to the appropriate Officials of HORSE RACING DIVISION

APPLICANT SIGNATURE:	WITNESS SIGNATURE:
DATE:	WITNESS NAME (please print):

The area below should be used if space above is insufficient. Also please add any additional information concerning injury or illness after initial medical examination. Identify your remarks by the question number.

RESPIRATORY:			Details
Any abnormality on clinical examination?		Yes / No	
DIGESTIVE SYSTEM AND ABDOMEN:			
			Details
a)	Any abnormality of Oropharynx?	Yes / No	
b)	Any abnormality of spleen, liver or other abdominal organs?	Yes / No	
c)	Is a hernia present?	Yes / No	
d)	Any evidence of haemorrhoids anal fissure	Yes / No	
GENITO URINARY			
			Details
Urine	Sugar	Yes / No	
Urine	Albumen	Yes / No	
OTHER:			
Thyroid Gland		Normal	Yes / No
Lymph Gland		Normal	Yes / No
Speech defect		Yes / No	
*PHYSICAL FITNESS:			
*Riding horses places considerable physical strain on areas of a rider's body including in particular pressure on joints and muscles in the lower back, neck, hip, knee and ankle joints and the major leg and arm muscles. A high level of aerobic fitness is essential to safely carry out the task of riding. Riders over 60yrs require careful review.			
MEDICAL EXAMINER – PLEASE COMMENT			
			Details
Do you consider that the applicant displays sufficient physical strength to ride racehorses?		Yes / No	
Is there anything unfavourable in the applicant's personality as revealed by history, appearance and / or behaviour?		Yes / No	
Is there any evidence of alcohol or drug abuse?		Yes / No	
Do you consider any further Reports or Tests are required (including physical strength test)?		Yes / No	
<i>In the case of a female applicant, this section should be completed by the Medical Examiner:</i>			
Is the applicant pregnant?		Yes / No	

**Is the Applicant fit without restriction for the issue of licence applied for?
 Yes or No
 (Medical Examiner to circle appropriate answer)**

MEDICAL EXAMINER (PLEASE ENSURE THAT ABOVE QUESTION IS ANSWERED)

NAME OF MEDICAL EXAMINER (please print):	Date:
SIGNATURE:	
ADDRESS:	

The area below should be used if space above is insufficient. Also please add any additional information concerning injury or illness after initial medical examination. Identify your remarks by the question number.