

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 of Applicant: **JOCKEY** **APPRENTICE JOCKEY** **TRACKWORK RIDER**

SURNAME:	OTHER NAMES:
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. Headaches, Migraine? _____
3. Fits, Convulsions, Turns, Blackouts, Fainting, Giddiness or Epilepsy? _____
4. Lung or Chest trouble, Pneumonia, Bronchitis, Asthma? _____
5. Heart Disease, Blood Pressure or Rheumatic Fever? _____
6. Kidney or Bladder Trouble, Cystitis, Stones? _____
7. Diabetes, Goitre, thyroid Disease or any Disease of Glands? _____
8. Anaemia or Blood Disease? _____
9. Perforated Ear Drums, Deafness or Noises in the Ear, Earache or Ear Discharge, Blocked Ears? _____
10. Backache, Back Injuries, Spinal Problems, Neck Injuries or Pains, Arthritis? _____
11. 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? _____

Family History

Do you or your family have a record of heart disease or Strokes? If yes please detail?

19. Have you experienced:
- an increase in shortness of breath when walking up hills or riding? _____
 - any chest tightness _____
 - a decreased level of fitness _____
20. 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:

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.

Physical Examination

HEIGHT (in cms)	WEIGHT (in kgs)
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EYES:

			Details
Any abnormality lids, conjunctivae corneas	Yes	No	
Visual acuity (Distant)	Right	Left	
Uncorrected	6/	6/	
Corrected	6/	6/	
Eye Movement: Normal	Yes	No	
Fields (confrontation test) Normal	Yes	No	
Are contact lenses worn?	Yes	No	
Should these be worn while riding?	Yes	No	

E.N.T.:

			Details
Nose - Abnormality	Yes	NO	

Ears	Right Ear	Left Ear	
Ext. auditory canal:	Normal / Abnormal	Normal / Abnormal	
Tympanic Membrane	Normal / Abnormal	Normal / Abnormal	

Conversational Voice at 2.5 metres	Normal / Abnormal	Normal / Abnormal	
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MUSCULO SKELETAL SYSTEM:

			Details
a) Any spinal deformity or limitation of function?	Yes	No	
b) Any abnormality in strength, range of movement upper and lower extremities?	Yes	No	
c) Any limitation or derangement of a joint?	Yes	No	

C.N.S.:

			Details
Pupillary Reflexes	Normal	Abnormal	
Tendon / Reflexes	Normal	Abnormal	
Cranial Nerves	Normal	Abnormal	
Gross Sensory Disturbance	Yes	No	
Paresis – Tremor or Tics	Yes	No	

C.V.S.:

			Details
a) Is pulse normal in rhythm and character?	Yes	No	
b) Heart sounds normal?	Yes	No	
c) Pulse Rate			
d) Blood Pressure (sitting or lying)	Systolic	Diastolic	

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:

				Details
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 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	

In the case of a female applicant, this section should be competed by the Medical Examiner:

Is the applicant pregnant?	Yes	No	
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Is the Applicant fit without restriction for the issue of the licence applied for?	Yes	No
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Name of Medical Examiner: _____

Signature: _____ Date: _____

Address: _____

PLEASE ENSURE THAT ALL THE QUESTIONS ARE ANSWERED