

Important Notice to Riders – Medical History and Examination Medications

Riders are reminded that they must answer all questions in regard to their personal history and that special care should be taken to ensure that the question which refers to any Medicines, Drugs, Tablets or injections that you are currently taking (if any) is completed accurately.

As it is important to ensure that any medications taken do not have an adverse effect on their own and others safety, Riders are advised that the medications and dosage will be considered when their suitability for a Riders licence is assessed.

To allow their applications to be assessed in a timely manner those riders who are currently taking medication, anticipate taking medication during the season for which this licence is provided, or have taken medication over the past 3 months, whereby;

- a. the side effects, actual or potential, of the medication are such that they could interfere with the rider's physical capability, judgement, co-ordination or alertness (eg. antidepressant medication)
- b. a voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the rider's physical capability, judgement, co-ordination or alertness (eg. insulin dependent diabetes)
- c. the therapeutic effect of the medication may put a rider at risk if they suffer from a racing accident (eg. warfarin)

should obtain a report from their treating Specialist advising;

- (i) the nature of the illness, condition or ailment being suffered by the rider
- (ii) that the medication would not affect the rider in a race, trial or trackwork to the extent that it could in any way constitute a danger to the rider or other riders
- (iii) the effect of the medication on safety critical activities and judgement
- (iv) that the therapeutic effect of the medication will not put the rider at greater risk if they suffer from a racing accident
- (iv) the dosage of the medication prescribed

and submit this report with their licence renewal and medical history form. Please note dependent on the nature of the illness and the medication required Riders may also be referred to a Specialist by Racing NSW for further consultation.

Please note this process is required to be completed on a yearly basis. Riders who successfully followed this procedure and were issued a licence in previous seasons are not exempt and will still be required to obtain and submit such report with their renewal application.

Riders who are in any doubt as to whether the above applies to any medications they are taking should consult their medical practitioner for advice.

Racing NSW may also request further information from a Riders General Practitioner in relation to any medication not described above if considered necessary.

RACING NSW
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 (please print):	GIVEN NAMES (please print):
ADDRESS:	
	P/Code: Phone: ()
DATE OF BIRTH:	
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? _____	
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 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 Racing NSW.

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.

RACING NSW - PHYSICAL EXAMINATION

Medical History and Examination Record for licensed Jockeys and persons applying for issue of licence or Apprenticeship to become a Jockey.

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

APPLICANT EXAMINED

SURNAME (please print):	GIVEN NAMES (please print):
HEIGHT (Bare feet in cms)	WEIGHT (Underclothes in kgs)

EYES:		Details
Any abnormality lids, conjunctivae corneae	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	

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:			
<p>*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.</p>			
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:			
		P/Code:	Phone: ()

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.