RACING AUSTRALIA
Racing Centre
Level 1
400 Epsom Road
Flemington VIC 3031, Australia

JOCKEY LICENCE MEDICAL REPORT FORM

INFORMATION FOR JOCKEYS

Please keep this page

Race riding is an activity that requires every jockey to exercise physical skills and judgment of an extremely high order. Any failure in a jockey's performance may not only put his/her life in danger but may also put others at risk of injury, permanent disability or death.

Racing Victoria (RV) requires that all jockeys applying for a grant or renewal of a licence or permit provide a Declaration of Health and appropriate health information, as defined in section 3 of the *Health Records Act* 2001 (Vic), evidencing his/her 'fitness to race ride'.

It is important that this form is completed correctly and that any changes in your medical condition, health, or medication are advised to the Chief Medical Officer (CMO), Dr Gary Zimmerman. This includes any significant injury (e.g. concussion, fracture) from racing or other incident(s) (e.g. road traffic accident, skiing, hang gliding etcetera or significant illness (e.g. cancer, hepatitis) as well as the introduction or changes to any medication or supplements that could in any way affect your fitness to race ride. If you are not sure please contact your doctor, the CMO or any of the key contacts listed below.

The CMO may request additional health information, including medical reports or specialist examination(s) as appropriate.

When sufficient information is available, a medical recommendation regarding each applicant is made to the Licensing Panel for their consideration.

The final decision to grant or refuse a licence or permit rests with the Licensing Panel of RV and this decision may be subject to a Medical Review Procedure, where appropriate.

It is your responsibility to keep up to date with RV's Rules of Racing, as amended from time to time related to a jockey's fitness to race ride, in particular LR36D, LR36B (i) (b), AR81A, AR81B, AR81C, AR81E, AR81F, AR81G and any changes to AR81B. The Rules of Racing are available on the RV Website: www.rv.racing.com

Once completed this confidential medical form is to be returned to Racing Australia (RA) who will process on behalf of RV. All health information will be collected and handled in accordance with the Health Privacy Principles set out in Schedule 1 of the *Health Records Act* 2001 (Vic).

The final page of the form, ***Declaration*** is provided to the Intelligence and Compliance Unit for final review.

If you have any questions or queries please contact any of the people listed below:

Key Contacts:

Dr Gary Zimmerman	**Chief Medical Officer**	**0418 320 838 / (03) 9426 6222**
Ron Hall	**Jockey Wellbeing and Safety Officer**	**0411 646 160 / (03) 9258 4257**
Matt Hyland	**Victoria Jockeys Association**	**0408 753 951**
Lisa Stevens	**Racing Mind**	**0413 616 152**

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JOCKEY LICENCE
MEDICAL REPORT FORM

Instructions to the examining doctor - Standards of fitness to ride in races

Race riding is an activity that requires every jockey to exercise physical skills and judgment of an extremely high order. Any failure in a jockey's performance may not only put his/her life in danger but may also put others at risk of injury, permanent disability or death. Racing Victoria (RV) requires that all jockeys applying for a licence provide a Declaration of Health and appropriate health information evidencing his/her 'fitness to race ride'.

Each application is subject to scrutiny by RV's Chief Medical Officer (CMO) who may request additional health information, including medical reports or specialist examination(s) as appropriate.

When sufficient health information is available, a medical recommendation regarding each applicant is made to the Licensing Panel for their consideration.

The final decision to grant or refuse a licence or permit rests solely with the Licensing Panel of RV and such decisions may be subject to a Medical Review Procedure, where appropriate.

Existing licence or permit holders who, during the period of the licence or permit, suffer a significant injury (e.g. concussion, fracture) or significant illness (e.g. cancer, hepatitis) that could in any way affect their fitness to race ride, must inform RV's CMO at the earliest opportunity. This applies to any significant illness or injury – regardless of whether or not it resulted from a racing incident (e.g. road traffic accident, skiing, hang gliding etc.).

It is RV's practice to apply strict medical standards for participation in race riding. A brief summary of the major areas of concern with regard to medical standards for fitness to race ride is set out below. The complete document entitled 'Medical Standards for Fitness to Race Ride' is available upon request from RV. If the examining doctor has any queries at the time of the examination, he/she may contact RV's CMO, Dr Gary Zimmerman, for clarification on 0418 320 838 (mobile).

Following any surgical procedure, the applicant must obtain written clearance from the specialist carrying out the procedure. After open abdominal surgery, the applicant would normally be expected to wait 12-16 weeks before applying for a licence.

PART A - JOCKEY LICENCE PERSONAL INFORMATION is to be filled out by the Jockey.
PART B - JOCKEY LICENCE MEDICAL INFORMATION is to be filled out by the Jockey.
PART C - MEDICAL EXAMINATION is to be filled out by the Medical Practitioner

This summary does not address every medical condition seen in practice and all queries should be addressed to:

Dr Gary Zimmerman
Racing Victoria Chief Medical Officer
Epworth Sports Exercise Medicine
Level 2, 32 Erin Street
RICHMOND, VICTORIA 3121
Ph: (03) 9426 6222
Fax: (03) 9426 6111
Mob: 0418 320 838

You may also reference https://rirdc.infoservices.com.au/items/11-095

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PART A JOCKEY LICENCE PERSONAL INFORMATION

Personal Information

Family Name:		D.O.B:	
Given Name(s):		Gender *(please tick)*:	
Preferred Name:		☐ F ☐ M	

Home Address:			
Suburb		Post Code:	
Postal Address: *(only if differs from above)*:		Post Code:	
Contact Telephone:		Mobile:	
Email Address:			

Medicare Card Number:		Ref Number:	
Private Health Fund:		Member Number:	

Emergency Contacts (in an emergency, the persons to be contacted on your behalf)

Contact 1:

Name:				Relationship:		
Address:						
Telephone:	Home:		Work:		Mobile:	

Contact 2:

Name:				Relationship:		
Address:						
Telephone:	Home:		Work:		Mobile:	

Licence Refusal or Deferments

Has the applicant ever had a licence to ride refused or deferred on medical grounds?	Yes	☐	No	☐

Date of refusal or deferment	Date of Reinstatement	Reason

Has the applicant ever had a driving licence revoked or suspended for a medical reason?	Yes	☐	No	☐

Date	Reason

PART B JOCKEY LICENCE MEDICAL INFORMATION

Have you experienced or do you suffer from any of the following conditions below (please tick)?

Ref.	Condition / Injuries / Illnesses				
1.	Nervous disorders including, nerves, depression, nervous breakdown, mental or emotional instability, anxiety or attempted suicide.	☐	Yes	☐	No
2.	Headaches or Migraines	☐	Yes	☐	No
3.	Fits, Convulsions, turns, blackouts, giddiness or epilepsy	☐	Yes	☐	No
4.	Lung or chest infections, pneumonia, bronchitis, asthma or tuberculosis	☐	Yes	☐	No
5.	Heart disease, high or low 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 ear drums, deafness, tinnitus (noises in the ears) ear discharge or blocked ears	☐	Yes	☐	No
11.	Sinusitis, frequent head colds, blocked nose, hay fever or other allergies	☐	Yes	☐	No
12.	Back, spine or neck injuries, pain or arthritis	☐	Yes	☐	No
13.	Fractures or dislocations	☐	Yes	☐	No
14.	Head injuries, knocks or falls during sports or other activities, seen a Doctor or Hospitalised for head injuries, blackouts or loss of consciousness	☐	Yes	☐	No
15.	Skin disease, eczema or dermatitis	☐	Yes	☐	No
16.	Speech impairments or defect	☐	Yes	☐	No
17.	Surgical procedures or hospital admission	☐	Yes	☐	No
18.	Any other illnesses or injuries not mentioned above If yes, please provide details below:	☐	Yes	☐	No

If you have answered 'yes' to any of the medical information questions, please provide further details below in the "Details of Condition" and please ensure you provide the correct reference number.

Ref Number	Details of Condition

Date of last Tetanus Injection / Booster:				
Do you smoke? *(if yes, please provide the number of cigarettes or other tobacco products you smoke per day)*	☐	Yes	☐	No
	*			
Do you consume alcohol? *(if yes, please provide the number of standard drinks per day)*	☐	Yes	☐	No
	*			

Prescriptions – please provide details of any oral, injectable or topical medications currently prescribed for you by a Medical Practitioner or which has been prescribed for you by a Medical Practitioner in the past. Also include any of the following items: herbal preparations, vitamins or supplements you use or have used whether prescribed or otherwise.

Medication	**Dosage**	**Reason for Use**	**Prescribing Practitioner**

Applicant Declaration

1. I consent to Racing Australia on behalf of Racing Victoria collecting health information about me for the purposes of assessing my suitability to grant or retain a licence.

2. I agree to provide all relevant health information regarding my prospective / current licence, including information from other medical practitioners / specialists and my pathology and radiology reports.

3. I f it is not reasonable and practicable for me to provide the health information, I authorise consent for Racing Victoria's Chief Medical Officer to obtain and collect all relevant health information regarding my prospective / current licence. This includes approval to obtain information from other medical practitioners / specialists and access to all my pathology and radiology reports.

4. I understand that I can gain access to my health information that is collected by Racing Australia on behalf of racing Victoria.

5. I also provide consent for the Racing Victoria Chief Medical Officer to, at his discretion; discuss the above health information with nominated representatives of Racing Victoria, Victorian Jockey's Association (VJA), and external health service providers contracted to Racing Victoria. I am aware that the information will be used for the purposes of assessing my suitability to grant or retain a licence.

6. I declare that all information that I have provided within this medical report form and any attachments are correct and that I have not withheld any information that is relevant to this medical report form.

7. I declare that I have not provided for the purposes of this medical report form, any false or misleading information. I acknowledge that if I have provided any false or misleading information then I have failed to fulfil the standards necessary to obtain my licence and I am liable to immediate cancellation or suspension of my licence.

8. I declare that if I should be diagnosed with any of the conditions listed within this medical report form, or the circumstances of any of the listed conditions I currently have should change, then I agree to immediately consult with the Racing Victoria Chief Medical Officer.

9. I declare that I will comply with LR36D, LR36B (i) (b), AR81A, AR81B, AR81C, AR81E, AR81F and AR81G, as amended from time to time, and that it is my responsibility to be aware of and comply with any changes to AR81B.

10. I also provide consent for *the Declaration* of this form to be provided to another Principal Racing Authority upon request, in the event that I accept rides outside of Victoria.

Authorisation

Applicants Name	*Applicants Signature*	*Date*
Witness Name	*Witness Signature*	*Date*

PART C JOCKEY LICENCE - MEDICAL EXAMINATION

This section is to be completed by the licensed medical practitioner performing the medical.

Applicant Details

Family Name:						D.O.B:	
Given Name(s):						Gender *(please tick):*	
Preferred Name:						☐ F ☐ M	
Photographic Proof of Identity:	Type:		Number:				
Witnessed By:	Name:		Signature:				
Current Age:	Height:		Weight:		B.M.I:		

Examining Doctors Details

Family Name:			Given Name:		
Practice Name			Provider Number:		
Time as Applicants GP-Years:		Months:		Date Records Held From	/ /

Examining Doctors Review of Part B

Please refer to Part B Medical Information completed by the applicant and confirm and or provide further details

Ref Number	Details of Condition

Date of last Tetanus Injection / Booster:	

Family History

Please detail family history of illness or disease i.e. Diabetes, Cardio-vascular disease, high blood pressure, Lipid Disorders etcetera.

Family History

Medical Examination

1. Medication Record

It is extremely important to have a comprehensive list of any medications that the applicant is taking or has recently taken for the following reasons.

- The therapeutic effect of the medication may put a rider at risk when he/she falls (eg. warfarin).
- The side effects, actual or potential of the medication are such that they could interfere with the riders physical capability, judgement, co-ordination or alertness (eg. antidepressant medication.
- A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the riders physical capability, judgement, co-ordination or alertness (eg. insulin dependent diabetes, epilepsy)

Medication	Dosage	Reason for Use	Prescribing Practitioner

2. Eyes & Visual Acuity

Corrective lenses are acceptable if these are soft contact lenses. The minimum requirements with or without corrective lenses are 'good eye' 6/9 or better, 'worse eye' 6/18 or better.

1.	Lids and Cornea – Normal	☐	Yes			☐	No		
2.	Visual Acuity for Distance	Right				Left			
	Uncorrected	6 /				6 /			
	Corrected	6 /				6 /			
	Movement – Normal	☐	Y	☐	N	☐	Y	☐	N
	Fields (Confrontation test) – Normal	☐	Y	☐	N	☐	Y	☐	N
	Are contact lenses or spectacles worn?	☐	Yes			☐	No		
3.	Does the applicant have a medical history that includes any of the following?								
	a. Monocular vision	☐	Yes			☐	No		
	b. Visual field defect – (homonomous hemianopia, bilateral glaucoma, bilateral cataract, bilateral retinopathy etc)	☐	Yes			☐	No		
	c. Diplopia	☐	Yes			☐	No		
	d. Colour blindness	☐	Yes			☐	No		
	e. Retinal detachment	☐	Yes			☐	No		

3. Cardiovascular System						
1.	Pulse rhythm and Character – Normal?	☐	Yes	☐	No	
2.	Heart sounds – Normal?	☐	Yes	☐	No	
3.	Pulse rate – BPM – Normal?	☐	Yes	☐	No	
4.	Peripheral pulses – Normal?	☐	Yes	☐	No	
5.	Blood Pressure	Systolic		Diastolic		
	a. Standing					
	b. Sitting					
6.	If BP is greater than 140 (systolic) or 90 (diastolic) record BP after applicant has been lying down for 5 minutes					
7.	Does the applicant have a medical history that includes any of the following?					
	a. Ischaemic heart disease/angina	☐	Yes	☐	No	
	b. Heart failure	☐	Yes	☐	No	
	c. Myocardial infarction	☐	Yes	☐	No	
	d. By-pass grafting	☐	Yes	☐	No	
	e. Angioplasty	☐	Yes	☐	No	
	f. Cardiac transplant	☐	Yes	☐	No	
	g. Hypertension	☐	Yes	☐	No	
	h. Dysrhythmias	☐	Yes	☐	No	
	i. Pacemakers	☐	Yes	☐	No	
	j. Cardiac valvular disease	☐	Yes	☐	No	
	k. Cardiomyopathies	☐	Yes	☐	No	
	l. Congenital heart disease	☐	Yes	☐	No	
	m. Marfan's syndrome	☐	Yes	☐	No	
	n. Treatment with anticoagulants	☐	Yes	☐	No	
	o. Peripheral vascular disease	☐	Yes	☐	No	
	p. Chronic pericarditis	☐	Yes	☐	No	
	q. Aneurysm	☐	Yes	☐	No	

4. Respiratory System

Asthma controlled with inhalers is not normally a concern. Applicants required to take oral steroids or who are severely debilitated by their condition will be required to attend a consultant for a full review. If there is a history or asthma or abnormal respiratory history / examination then a spirometer is required.

1.	Respiratory system – Normal?	☐	Yes	☐	No	
2.	Does the applicant have a medical history that includes any of the following?					
	a. Asthma	☐	Yes	☐	No	
	b. Chronic obstructive airway disease (COAD)	☐	Yes	☐	No	
	c. Spontaneous pneumothorax – single episode	☐	Yes	☐	No	
	d. Spontaneous pneumothorax – recurrent episode	☐	Yes	☐	No	
	e. Emphysema	☐	Yes	☐	No	
	f. Respiratory disease affecting performance	☐	Yes	☐	No	

5. Muscuoskeletal System

Fractures and dislocations are common in race riding. Before applying to ride, or return to riding, the applicant must have an appropriate range of pain free movement, radiological evidence of a sound bony union, clearance from an orthopaedic surgeon and be able to show that his/her ability to ride safely is unaffected. No rider may wear a plaster cast, backslab, fibreglass support, prosthesis, harness or similar appliance. Fracture of the skull, fractures of the spine and disc injuries are of particular concern and these applicants may be required to attend for examination by a Racing Victoria Medical Consultant.

1.	Spinal Function – Normal?	☐	Yes	☐	No	
2.	Strength and range of movement in upper or lower extremities – Normal?	☐	Yes	☐	No	
3.	Joints – Normal?	☐	Yes	☐	No	
4.	Limbs – Normal?	☐	Yes	☐	No	
5.	Any orthopaedic appliances worn?	☐	Yes	☐	No	
6.	Grip Strength – Normal?	☐	Yes	☐	No	
7.	Does the applicant have a medical history that includes any of the following?					
	a. Loss of digit	☐	Yes	☐	No	
	b. Fractures	☐	Yes	☐	No	
	c. Fracture of the skull and spine	☐	Yes	☐	No	
	d. Dislocation of the Acromio-Clavicular (A/C joint)	☐	Yes	☐	No	
	e. Dislocation or subluxed shoulder	☐	Yes	☐	No	
	f. Rheumatoid arthritis	☐	Yes	☐	No	
	g. Spondylolisthesis	☐	Yes	☐	No	
	h. Disc injury	☐	Yes	☐	No	
	i. Joint replacement	☐	Yes	☐	No	
	j. Internal metal fixation	☐	Yes	☐	No	

6. Neurological Disorders

CONVULSIONS

Racing Victoria Standards are broadly in line with the current international criteria – fit free for 10 years; off all anti-convulsant medication for 10 years and having no further liability to convulsions.

1	Does the applicant have a medical history that includes any of the following?					
	a. Chronic migraine	☐	Yes	☐	No	
	b. Chronic neurological disorders (Parkinson's disease, multiple sclerosis etc)	☐	Yes	☐	No	
	c. Chronic menieres, vertigo or labyrinthitis	☐	Yes	☐	No	
	d. Cerebrovascular disease	☐	Yes	☐	No	
	e. Meningitis	☐	Yes	☐	No	
	f. Intracranial aneurysm	☐	Yes	☐	No	
	g. A-V malformation after a bleed	☐	Yes	☐	No	
	h. Narcolepsy	☐	Yes	☐	No	
	i. Unexplained loss of consciousness	☐	Yes	☐	No	
	j. Treatment with anticoagulants	☐	Yes	☐	No	
	k. Sub-arachnoid haemorrhage (see Epilepsy /single seizure)	☐	Yes	☐	No	
	l. Intracranial haematoma (see Epilepsy /single seizure)	☐	Yes	☐	No	
	m. Serious head injury (see Epilepsy /single seizure)	☐	Yes	☐	No	
	n. Cranitomy / burr hole surgery Following any cranial fracture or surgery the integrity and / or strength of the skull **must not** be significantly compromised	☐	Yes	☐	No	
	o. Has the applicant ever experienced a convulsion?	☐	Yes	☐	No	
	p. Epilepsy single seizure: • Following acute head injury or intracranial surgery. An applicant may be reviewed after a minimum of 12 months provided he or she has been without all anti-epileptic medication and has been free of fits during that period.	☐	Yes	☐	No	
	q. Epilepsy: • Applicant has been free of epileptic attack for at least 10 years • Applicant has not taken any epileptic medications during this 10 year period • Applicant does not have a continuing liability to epileptic seizures.	☐	Yes	☐	No	

7. Hearing, Ears & Nose

Hearing should be within the range 500 – 2000 c/second there must be no hearing loss greater than 35 Dba in either ear.

1.	Nose – Normal	☐	Yes			☐	No		
2.	Ears	Right				Left			
	External auditory canal – Normal	☐	Y	☐	N	☐	Y	☐	N
	Tympanic membrane – Normal	☐	Y	☐	N	☐	Y	☐	N
	Conversational voice@ 2.5 metres binaural – Normal	☐	Y	☐	N	☐	Y	☐	N
	Fields (Confrontation test) – Normal	☐	Y	☐	N	☐	Y	☐	N
3.	Does the applicant have a medical history that includes any of the following?								
	a. Bilateral total deafness	☐	Yes			☐	No		
	b. One side total deafness with contralateral air bone conduction loss greater than 35 dBA	☐	Yes			☐	No		
	c. Any disorder in the eardrum leading to a binaural hearing loss greater than 35 dBA	☐	Yes			☐	No		
	d. Acute infection	☐	Yes			☐	No		
	e. Perforated eardrum	☐	Yes			☐	No		
	f. Chronic suppurating otitis media	☐	Yes			☐	No		
	g. Otosclerosis	☐	Yes			☐	No		
	h. Ear Prosthesis	☐	Yes			☐	No		

8. Endocrine & Metabolic Disorders

1.	Does the applicant have a medical history that includes diabetes?	☐	Yes	☐	No
2.	If the applicant is diabetic is he/she	☐	Yes	☐	No
	a. Insulin dependent	☐	Yes	☐	No
	b. Requiring oral medication	☐	Yes	☐	No
	c. Controlling the diabetes by diet	☐	Yes	☐	No
3.	Does the applicant have a medical history that includes any of the following?	☐	Yes	☐	No
	i. Thyroid disease	☐	Yes	☐	No
	j. Diabetes insipidus	☐	Yes	☐	No
	k. Adrenal disorders	☐	Yes	☐	No

9. Digestive system, Gastro Inestinal and Abdomial Disorders						
1.	Oropharynx – Normal?	☐	Yes	☐	No	
2.	Spleen – Normal?	☐	Yes	☐	No	
3.	Liver – Normal?	☐	Yes	☐	No	
4.	Other abdominal organs – Normal?	☐	Yes	☐	No	
5.	Is hernia present?	☐	Yes	☐	No	
6.	Does the applicant have a medical history that includes any of the following?					
	a. Acute gastric erosion	☐	Yes	☐	No	
	b. Chronic gastritis	☐	Yes	☐	No	
	c. Active peptic ulcer	☐	Yes	☐	No	
	d. Hiatus hernia	☐	Yes	☐	No	
	e. Inguinal hernia	☐	Yes	☐	No	
	f. Haemorrhoids, anal fissure, fistulae	☐	Yes	☐	No	
	g. Colostomy, ilesotomy	☐	Yes	☐	No	
	h. Colitis (ulcerative or Crohns)	☐	Yes	☐	No	
	i. Cirrhosis	☐	Yes	☐	No	
	j. Chronic pancreatic	☐	Yes	☐	No	
	k. Chronic active hepatitis	☐	Yes	☐	No	

10. Genitourinary & Renal Disorders						
1.	Urine Test					
	a. Glucose – Normal?	☐	Yes	☐	No	
	b. Albumin – Normal?	☐	Yes	☐	No	
	c. Blood – Normal?	☐	Yes	☐	No	
	d. Other abnormalities?	☐	Yes	☐	No	
2.	Testes – any abnormality affecting fitness?	☐	Yes	☐	No	
3.	Does the applicant have a medical history that includes any of the following?					
	a. Chronic renal failure	☐	Yes	☐	No	
	b. Renal transplant	☐	Yes	☐	No	
	c. Nephritis	☐	Yes	☐	No	
	d. Kidney stones	☐	Yes	☐	No	
	e. Prostatitis	☐	Yes	☐	No	
	f. Single kidney or horsehoe kidney	☐	Yes	☐	No	

11. Skin						
1.	Skin – Normal?	☐	Yes	☐	No	
2.	Any body marks or scars?	☐	Yes	☐	No	

12. Central Nervous System							
1.	Pupillary Reflexes – Normal?	☐	Yes	☐	No	
2.	Tendon / Reflexes – Normal?	☐	Yes	☐	No	
3.	Cranial Nerves – Normal?	☐	Yes	☐	No	
4.	Any signs of gross sensory disturbances?	☐	Yes	☐	No	
5.	Any sign of paresis, tremor or tics?	☐	Yes	☐	No	
6.	Is the applicants speech normal?	☐	Yes	☐	No	

13. Psychiatric Disorders							
1.	Does the applicant have a medical history that includes any of the following?						
	a. Neuroses	☐	Yes	☐	No	
	b. Psychoses (manic depressive illness, schizophrenia)	☐	Yes	☐	No	
	c. Dementia (eg. pre-senile, Alzheimers disease)	☐	Yes	☐	No	
	d. Personality disorder (eg. post head injury, psychopathic disorders)	☐	Yes	☐	No	
	e. Dependence (or chronic abuse) – alcohol, drugs, solvent	☐	Yes	☐	No	

14. Infectious Disorders						
1.	Does the applicant have a medical history that includes any of the following?					
a. Tuberculosis	☐	Yes	☐	No	
b. Hepatitis D	☐	Yes	☐	No	
c. HIV positive	☐	Yes	☐	No	
d. AIDS syndrome	☐	Yes	☐	No	

15. Haematology						
1.	Does the applicant have a medical history that includes any haemorrhagic disorders?	☐	Yes	☐	No	
2.	Are lymph glands normal?	☐	Yes	☐	No	

16. Female Applicants Only						
1.	Dysmenorrhoea?	☐	Yes	☐	No	
2.	Menorrhagia?	☐	Yes	☐	No	
3.	Has the applicant been pregnant? If so is she:	☐	Yes	☐	No	
	a. More than three months pregnant?	☐	Yes	☐	No	
	b. Had a caesarean section in the past 16 weeks?	☐	Yes	☐	No	
4.	Has the applicant had a hysterectomy? If so when?	☐	Yes	☐	No	

17. Neoplasia						
1.	Does the applicant have a medical history that includes neoplasm?	☐	Yes	☐	No	

	Other					
1.	If the applicant is over 50 years of age, please consider but do not perform – Will need fasting blood lipids, glucose and stress ECG.	☐	Yes	☐	No	

EXAMINING DOCTOR NOTE:

If the applicant is 'fit', Parts A, B, C and the Declaration must be completed and returned to the applicant.

If the applicant is **not** 'fit', Parts A, B, C and the Declaration must be completed and returned to the applicant.

If the applicant is **not 'fit'** and wishes to continue with the application, Parts A, B, C, and the Declaration must be completed and returned to the applicant for referral to the Racing Victoria Chief Medical Officer.

Use of the words "Fit" or "Fitness" refers to the "Fitness" of the applicant to carry out the activities of race riding regulated by the licence/permit applied for.

A copy of this entire document must be retained by the examining doctor for their medical records.

RACING AUSTRALIA
Racing Centre
Level 1
400 Epsom Road
Flemington VIC 3031, Australia

JOCKEY LICENCE
MEDICAL REPORT FORM

DECLARATION

JOCKEY LICENCE – MEDICAL EXAMINATION REPORT

Family Name:		D.O.B:		Weight	
Given Name(s):				Gender *(please tick):*	
Preferred Name:				☐ F	☐ M

I have today personally examined the applicant in accordance with the requirements of the Racing Australia Jockey Licence Medical Report and hereby declare that the person named above is:

(Please tick YES or NO):

☐	**YES**	In my opinion the applicant **IS FIT** to race ride without restriction for the issue of a licence/permit applied for. 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.
☐	**NO**	In my opinion the applicant **IS NOT FIT** to race ride for the issue of the licence/permit applied for and I recommend that the applicant be referred to the Racing Victoria CMO for further examination.

Doctors Details

Family Name:		Given Name:			
Provider Number:					
Practice Name:					
Address:					
Suburb				Post Code:	
Postal Address: *(only if differs from above)*:				Post Code:	
Contact Telephone:		Mobile:			
Email Address:					

And/Or Practice/Provider Stamp below:

Examining Doctors Name	*Examining Doctors Signature*	*Date*