

# Paperwork for medical examination including the national medical standards

## AUSTRALIAN RACING BOARD (ARB) PROTOCOL FOR FITNESS TO RIDE MEDICAL EXAMINATIONS AND MEDICAL STANDARDS

Prepared by Dr Caron Jander, National Medical Officer (NMO) ARB

After extensive discussions with both international as well as leading local experts in the field of assessments of safety critical work environments, the following set of medical standards and classifications has been developed for use by the PRAs, in licensing jockeys and in making mid-licence fitness to ride medical assessments.

This is by no means an exhaustive list; however, it will provide the baseline from which other medical conditions and situations may be assessed.

It is important to note that jockeys whose age is 40 or above, may be required to undergo additional investigation that may include an exercise stress test and/or MRI brain scan.

The decision as to the final procedures, paperwork and retention of the medical information will be made by each PRA.

Should the examining GPs, specialists, licensing officers or PRAs have any concerns regarding any specific medical condition they may contact the NMO at any stage for advice and guidance.

It is important to note that the final decision on the jockeys' fitness to ride ultimately lies with the PRA and that these are only the medical recommendations.

In all cases there will be 4 possible outcomes of the fitness to ride medical examination, these are:

1. Jockey deemed to be fit (**A**-Acceptable condition).
2. Jockey deemed to be fit (**A**- with the following restrictions or accommodations e.g. contact lenses).
3. Jockeys deemed to have a medical condition for which further medical information or testing is required. (**D**-Deferred) The required information will be requested by the GP and then if required discussed with NMO, there may be situations and cases where restrictions on riding may be advisable. These may be temporary or permanent.
4. Jockey found to have a medical condition which is not compatible with safe race riding; (**R**-Refused)
  - a) Due to risk of deterioration of the condition with race riding.
  - b) The condition requires medication/treatment that may impact on the jockey's ability to ride safely.

- c) The medical condition could cause a sudden incapacity of the jockey during riding.
- d) The medical condition cannot be safely accommodated during riding thus placing the health and safety of jockey, fellow jockeys, horses and racecourse staff at risk.

## **PROPOSED STANDARDS OF MEDICAL FITNESS TO RIDE**

### **Cardiovascular Disorders**

Ischaemic heart disease with current Angina – R

Heart failure – R

Myocardial infarction – D

By-pass grafting – D

Angioplasty – D

Cardiac transplant – R

Dysrhythmias – D

Pacemakers – D

Cardiac valvular disease – D

Hypertension – D

Cardiomyopathies – D

Congenital heart disease – D

Marfan's Syndrome – R

Treatment with anticoagulants – R

Peripheral vascular disease with claudication – R

### **Endocrine and Metabolic Disorders**

Diabetes – Insulin Dependent – D

\*(ARB Diabetes Protocol applies as per CASA / BHA)

- Requiring oral medication – D

- Controlled by diet – D

Thyroid disease – D

Diabetes insipidus – R

Adrenal disorders – D

## **Gastro-intestinal and Abdominal Disorders**

Acute gastric erosion – D  
Chronic gastritis – D  
Gall stones – D  
Active peptic ulcer – D  
Hiatus hernia – A  
Inguinal hernia – D  
Haemorrhoids, anal fissure, fistulae – D  
Cirrhosis – D  
Chronic pancreatitis – R  
Colostomy, ileostomy – D  
Colitis (ulcerative or Crohns) – D

## **Genito-Urinary and Renal Disorders**

Chronic Renal Failure – R  
Renal transplant – R  
Nephritis – D  
Kidney stones – D  
Prostatitis – A  
Single kidney or horseshoe kidney – D

## **Gynaecological Conditions**

Pregnancy – D  
Caesarean section – D (see Surgery below)  
Hysterectomy – D (see Surgery below)

## Hearing

Hearing must be adequate for the jockey to hear instructions and to ensure that the safety of other jockeys is not put at risk.

**Deafness** (Hearing loss greater than 35dBA in either ear over the normal vocal range 500-2000 c/sec)

New applicants – R

Existing licence holders – D

Perforated eardrum – D

Chronic suppurating titis media – D

Otosclerosis – D

Mastoid cavity disorders – R

Sudden onset vertigo or Labyrinthitis – D (No symptoms for a minimum of 3 months and no evidence of hypolabyrinthine state in either ear)

Meniere's Disease – D (free from vertiginous attacks 1 year after intervention or 1 year off all medication. No evidence of hypolabyrinthine state in either ear)

Benign Paroxysmal Positional Vertigo – D (Following a head injury or without evidence of head injury – no symptoms for a minimum of 6 months)

## Infectious Disorders

The facilities in Jockeys changing rooms can be cramped and poorly ventilated. Jockeys should be advised to discontinue race riding whilst there is any risk of contagion.

Tuberculosis (active) – R

Hepatitis – D

HIV positive – D

AIDS syndrome – R

## Medication

If an applicant requires, or has required, regular medication to maintain his/her physical or mental wellbeing, a licence may be declined.

If any of the following statements applies, the Licence/Permit will invariably be declined or deferred.

The therapeutic effect of the medication may put the jockey at risk when s/he rides or falls

The side effects, actual or potential, of the medication are such that they could interfere with the jockey's physical capability, judgement, coordination or alertness

A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication could interfere with the jockey's physical capability, judgement, coordination or alertness

## **Musculo-Skeletal Disorders**

Amputation of a limb or part of a limb – R (loss of digit[s] will be reviewed on an individual basis - D)

Fracture – D (see below)

Before applying to return to race riding, the jockey should 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 is unaffected.

No jockey may race wearing a plaster cast, back slab, fibreglass support, prosthesis or similar appliance.

Fractures of the skull and spine are of particular concern and medical clearance by a medical specialist is required in every case.

Dislocated Acromio-Clavicular (A/C) joint – A – see below.

Before applying to return to race riding, the jockey should have an appropriate range of pain free movement and be able to show that his/her ability to ride is unaffected.

Dislocated or subluxed shoulder – first occasion - D.

Before applying to return to race riding, the jockey should have an appropriate range of pain free movement and be able to show that his/her ability to ride is unaffected.

Dislocated or subluxed shoulder – recurrent – R. Before returning to race riding, the jockey must have an appropriate surgical repair.

After rehabilitation, the jockey should have an appropriate range of pain free movement and be able to show that his/her ability to ride is unaffected. Rheumatoid Arthritis – D Spondylolisthesis – D Slipped Disc - D (normally R for a minimum of 6 months) Joint replacement or internal metal fixation - D

## **Neoplasia / Cancer – D**

## Neurological Disorders

PLEASE NOTE - following any cranial fracture or surgery, the integrity and/or strength of the skull must not be significantly compromised.

Chronic Migraine – D

Chronic Neurological disorders – R (e.g. Parkinson's disease, Multiple Sclerosis)

Cerebrovascular disease – R

Meningitis or encephalitis – D

Intracranial tumour requiring craniotomy – D

AV Malformation – asymptomatic – D

- After a bleed - R

Intracranial Aneurysm – R

Pituitary tumour – no visual field defect – D

- Visual field defect – R

Narcolepsy – R

Unexplained loss of consciousness – D

Subarachnoid haemorrhages – D - see epilepsy/single seizure below

Intracranial haematoma – D (see epilepsy/single seizure below)

Serious head injuries – D (see epilepsy/single seizure below)

Craniotomy/Burrhole surgery – D (see epilepsy/single seizure below)

Epilepsy – R – unless the applicant can meet the criteria relating to epilepsy in the current CASA/BHA protocol.

Single seizure – following acute head injury, intracranial surgery or use of epileptogenic medication - D (Independent specialist opinion required in every case)

Single seizure immediately following a concussion – this is not considered to be an epileptic phenomenon and will not normally result in any medical suspension from riding - A

Benign Epilepsy of Childhood (benign Rolandic epilepsy) may also be subject to special consideration – D (independent specialist opinion required in every case)

## **Psychiatric Disorders**

PLEASE NOTE – most mental illness affects the ability of the person to exercise sound judgment due to the illness or to be able to co-ordinate and remain alert due to the side effects of the medication, which are frequently of a sedative nature. Either feature may endanger the well being of both the individual and other jockeys.

Organic disorders – R (Including: all forms of dementia; delirium; organic brain disorders as a result of brain damage, neurological, metabolic or endocrine dysfunction)

Any diagnosis under psychoactive substance use – R (Including: states of acute intoxication; dependence; withdrawal; side effects – for alcohol, recreational drugs or solvent use)

Residual damage from substance use – D

Schizophrenia and Delusional disorders – R (Including: all types of schizophrenia, schizoaffective disorders and acute and transient psychotic disorders)

### **Mood disorders**

- Depression – D (specialist opinion will be required with particular attention to the method of treatment. A significant number of the drugs used to treat depression will have sedative side effects and affect co-ordination and / or physical capabilities)
- Mania – R
- Bipolar disorder – D

### **Anxiety disorders**

- Generalised Anxiety – D (specialist opinion required to review the severity and mode of treatment).
- Panic Disorder – R

### **Personality disorders – D (specialist opinion required)**

- Antisocial personality disorder also known as Dissocial or Psychopathic - R
- Behavioural, Emotional and Developmental disorders
- ADHD (adult form) – D (specialist opinion required)
- Autistic spectrum and Aspergers Syndrome – D (specialist opinion required)

## **Respiratory Disorders**

Asthma – A

Chronic obstructive airways disease – D

Traumatic pneumothorax – D (normal recovery 6-8 weeks)

Spontaneous pneumothorax

- Single episode – A
- Recurrent - R (until the condition has been stabilised by surgical intervention)

Emphysema – D

Hay fever – A

Respiratory insufficiency or significant shortness of breath – R

## **Surgery / Operations**

Following any form of surgery, an applicant must obtain clearance from the specialist carrying out the procedure and, in the case of open abdominal surgery, must have waited a minimum of 6 to 8 weeks from the date of the operation before applying. The specialist will

normally be required to provide a written report but, in certain circumstances, direct discussion with the Chief Medical Adviser may be acceptable.

Cases involving laparoscopic surgery will normally return to race riding more rapidly than those where open procedures have taken place.

Appendicectomy – D

Hernia repair – D

Cholecystectomy – D

Caesarian Section – D

Hysterectomy --D

## **Visual Acuity**

PLEASE NOTE – some medications can affect vision as a side-effect (e.g. systemic steroids)

Corrective lenses are acceptable provided that these are in the form of "soft contact lenses".

MINIMUM requirements with or without corrective lenses:

Distance vision – "good" eye 6/9; "Worse" eye 6/18

Monocular vision – D

Significant visual field defect – R (homonymous hemianopia, bilateral glaucoma, bilateral cataract, bilateral retinopathy, etc)

Diplopia – D

Colour Blindness – A

Retinal detachment – D

History of surgery to restore or save eyesight – D



# Paperwork for annual medical examinations

## Introduction for Riders

### Medical History and Examination Medications

Riders please be reminded that you must answer all questions in regard to your personal history.

*Take special care when answering questions, which refers to any medications, drugs, tablets, supplements or injections that you are currently taking (if any) is completed accurately stating the dosage frequency and reason for taking the medication.*

As it is important to ensure that any medication taken does not have an adverse effect on your ability to ride safely. Riders are advised that the medications and dosage will be considered when your suitability for a Riders licence is assessed.

**Reference AR 81E** <http://www.australianracingboard.com.au/rules>

To allow your applications to be assessed in a timely manner riders who are currently taking medication; anticipate taking medication during the 2011/12 season or who 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, coordination or alertness (e.g. 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, coordination or alertness (e.g. insulin dependent diabetes)
- c) The therapeutic effect of the medication may put a rider at risk if they suffer from a racing accident (e.g. 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 track work 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
- (v) The dosage of the medication prescribed

And submit this report with your 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 the PRA licensing authority for further information.

***Please note this process is required to be completed on an annual basis. Riders who successfully followed this procedure and were issued a licence last season 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.

The PRA's licensing authority may also request further information from a riders' medical practitioner in relation to any medication not described above if considered necessary.

# Introduction to the Examining Doctor

## Standards of Fitness to Ride

### OVERVIEW OF THE MEDICAL REQUIREMENTS OF A JOCKEY, APPRENTICE JOCKEY OR APPROVED RIDER

Persons granted a licence or permit to ride as a jockey; apprentice jockey or approved rider must be physically fit generally and be able to withstand the rigors particularly associated with the riding in races.

### PARTICULAR PHYSICAL REQUIREMENTS

Without limiting the generality of the requirements for general physical fitness, an applicant for a rider's licence or permit must be physically and psychologically fit to meet the following requirements;

- a) Jockeys, apprentice jockeys and approved riders must necessarily maintain their weight below the maximum allowable weight, which may be carried by the horse, which they are engaged to ride.
- b) In conducting a medical examination it is important to be aware that jockeys, apprentice jockeys and approved riders must maintain a minimum weight and that some jockeys, apprentice jockeys and approved riders may engage in a variety of activities intended to reduce and maintain their weight including fasting, wasting, exercise, use of medication, taking of saunas and in some cases other extreme measures.
- c) Riding in races places considerable physical strain on areas of a jockey's, apprentice jockey's and approved 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.
- d) A high level of aerobic fitness is essential to safely carry out the task of riding.
- e) For jockeys, apprentice jockeys and approved riders the risk of a fall is ever present. Research has shown that on average a licenced jockey will have one fall per 240 races and of those 27% will result in an injury.
- f) Jockeys, apprentice jockeys and approved riders are required to wear silks of various colours and patterns and judge the distance between their mounts and their fellow riders mounts. Therefore there are medical standards recommended for vision.
- g) During the course of a race, fellow jockeys, apprentice jockeys and approved riders may call out to others to alert them of their position or presence and the imminence of danger. Good hearing is an essential requirement for jockeys, apprentice jockeys and approved riders.

### FURTHER EXAMINATION

If you believe that an applicant requires further or other medical evaluation a recommendation should be made to the jockey for such evaluation and noted on the medical paperwork. Any application for a licence will not be considered until such evaluation is complete.

As the recent Waterfall train accident has highlighted it is important to apply strict relevant medical standards for participation in race riding.

[http://www.mja.com.au/public/issues/184\\_03\\_060206/hoc10807\\_fm.html](http://www.mja.com.au/public/issues/184_03_060206/hoc10807_fm.html)

The complete document 'Medical Standards for Fitness to Ride' is available on the Australian Racing Board web site\*\*\*

A brief summary of the major areas of concerns follows.

If the examining doctor has any queries at the time of the examination s/he may contact the National Medical Officer, Dr Caron Jander [caronjander@gmail.com](mailto:caronjander@gmail.com).

**MEDICATION** – Reference AR 81E <http://www.australianracingboard.com.au/rules>

The common reason for refusal/deferment of a licence is the notification that the applicant has recently taken, or is currently taking, regular medication. If any of the following statements apply, the licence will invariably be declined or deferred –

1. The therapeutic effect of the medication may put a rider at risk when s/he falls (e.g. warfarin)
2. 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 (e.g. antidepressant medication).
3. 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 (e.g. insulin dependent diabetes, epilepsy.)

## **ASTHMA**

Asthma controlled with inhalers is normally **not** a concern. Applicants requiring oral steroids or who are severely debilitated by their condition will normally be deferred or refused pending consultant review.

## **CONVULSIONS**

The Medical Standards for epilepsy are broadly in line with the British **DVLA Medical Standards of Fitness to Drive- Group 2** (VOC-LGV/PCV-September 2009) <http://www.dft.gov.uk/dvla/medical/ataglance.aspx> (fit free for 10 years, off all anti-convulsant medication for 10 years and having no further susceptibility to convulsions.)

## **DISLOCATED OR SUBLUXED SHOULDER**

Applicants must provide a detailed history of all episodes, with relevant dates.

## **HEARING**

Within the range 500-2000 c/sec there must be **no hearing loss** greater than **35dBA** in either ear.

## **MUSCULO-SKELETAL DISORDERS**

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, back slab, fibreglass support, prosthesis, harness or similar appliance.

Fractures of the skull, fractures of the spine and discal herniation are of particular concern and these may be required to attend an independent medical review.

## **OTHER CONDITIONS THAT MAY WARRANT REFUSAL/DEFERMENT**

Established cardio-vascular disease (with or without surgical intervention), endocrine disorders, chronic gastro-intestinal disease, renal failure or transplant, neoplasia, psychiatric disorders, debilitation respiratory disorders, neurological disorders, past history of head injury, intracranial bleed, skull fracture, intracranial A-V malformation or aneurysm, cerebrovascular disease, unexplained loss of consciousness, cranial surgery.

## **SURGERY**

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.

## **VISUAL ACUITY**

Corrective lenses are acceptable provided that these are 'soft contact lenses. Minimum requirements with or without corrective lenses – 'good eye' **6/9** or better, 'worse eye' **6/18** or better. Monocular vision, visual fields defects and diplopia are not acceptable.

In all cases there will be 4 possible outcomes of the fitness to ride medical examination, these are:

1. Jockey deemed to be fit (***A-Acceptable condition***)
1. Jockey deemed to be fit (***A-with the following restrictions or accommodations e.g. contact lenses***)
2. Jockeys deemed to have a medical condition for which further medical information or testing is required. (***D-Deferred***) The required information will be requested by the GP and then if required discussed with NMO, there may be situations and cases where restrictions on riding may be advisable, these may be temporary or permanent.
3. Jockey found to have a medical condition which is not compatible with safe race riding; (***R-Refused***)
  - a. Due to risk of deterioration of the condition with race riding.
  - b. The condition requires medication/treatment that may impact on the jockey's ability to ride safely.
  - c. The medical condition could cause a sudden incapacity of the jockey during riding.
  - d. The medical condition cannot be safely accommodated during riding thus placing the health and safety of jockey, fellow jockeys, horses and racecourse staff at risk.

This brief summary cannot deal with every medical condition seen in practice and all queries should be addressed to:

Dr Caron Jander, National Medical Officer  
Australian Racing Board Limited  
Level 7, 51 Drutt Street  
Sydney NSW 2000  
E: [caronjander@gmail.com](mailto:caronjander@gmail.com)  
M: 0439 971 102

## SECTION 1:

**APPLICANT TO COMPLETE:** Please clearly PRINT all information

- Jockey Licence
- Apprentice Jockey Permit
- Approved Riders
- Stable hands – track work riders

APPLICANT SURNAME:

APPLICANT NAME:

DATE OF BIRTH:

CURRENT ADDRESS:

POST CODE:

HOME TELEPHONE:

WORK PHONE:

MOBILE:

EMAIL:

EMERGENCY CONTACT 1:

RELATIONSHIP TO YOU:

CONTACT NUMBER:

EMAIL:

EMERGENCY CONTACT 2:

RELATIONSHIP TO YOU:

CONTACT NUMBER:

EMAIL:

Have you ever had a licence refused or deferred on medical grounds?

Yes    No

If yes please provide the following information:

Date of refusal or deferment:

Date of re-instatement:

Reason for refusal or deferment:

Have you ever had their driving licence revoked or suspended for a medical reason?

Yes    No

If so please state the date (s) and reason:

**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 licence.

Furthermore, I authorise the examining doctor to make this acquired information relating to my health available to the appropriate officials of \_\_\_\_\_.

APPLICANT SIGNATURE:

WITNESS SIGNATURE:

DATE:

WITNESS NAME (Please print):

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

.....

**SECTION 2: MEDICAL HISTORY**



**THIS FORM MUST BE COMPLETED BY THE EXAMINING DOCTOR**

(Where possible please review past medical records)

Surname: ..... First Name: ..... DOB: .....

Photographic proof of identity type: ..... No: .....

Witnessed by: .....

1. How long have you been the applicant's registered GP? Months... Years.....

2. From what date do you hold records for this applicant? ...../...../.....

3. Family History – is there any family history of disease or illness?

(Diabetes, Cardio-vascular Disease, High Blood Pressure, Lipid Disorders etc.)

.....  
.....

**4. Social History**

Does the applicant smoke yes/no 0-5 ..... 5-10.....>10.....a week

Alcohol approx weekly consumption (in units) .....

**5. Illness, Hospital admissions or Surgery**

Date	Diagnosis	Outcome
.....	.....	.....
.....	.....	.....
.....	.....	.....

**6. Fractures, Dislocations, Subluxations and other injuries**

Date	Diagnosis	Outcome
.....	.....	.....
.....	.....	.....
.....	.....	.....

.....

.....

**7. Concussive episodes**

Date	How this occurred (track work, racing etc)	Outcome
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**8. Other investigations – MRI, EEG, X-Rays etc. (not mentioned above)**

Date	Diagnosis	Outcome
.....	.....	
.....	.....	
.....	.....	

**9. Has the applicant ever suffered from:**    **No**    **Yes**    **Details**

Anxiety, Nervous or Mental Disease .....	<input type="checkbox"/>	<input type="checkbox"/>	
Fits or Convulsions .....	<input type="checkbox"/>	<input type="checkbox"/>	
Giddiness, Blackouts or Fainting episodes .....	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular Disease (incl. High BP) .....	<input type="checkbox"/>	<input type="checkbox"/>	
Deafness .....	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Disturbances .....	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Respiratory Disease .....	<input type="checkbox"/>	<input type="checkbox"/>	
Glandular Disorders (Thyroid, diabetes etc) .....	<input type="checkbox"/>	<input type="checkbox"/>	
Musculo-Skeletal Disorders .....	<input type="checkbox"/>	<input type="checkbox"/>	

Dislocated or Subluxed Shoulder(s)    
.....

Anaemia or haematological disorders    
.....

**10. Is this applicant currently on any medication or supplements? Yes/no**

List.....  
.....  
.....

**11. List all medications prescribed in the last 12 months for more than 14 days  
(excl contraceptive medication)**

.....  
.....

**12. Date of last Tetanus Immunisation** ...../...../.....

**13. Have you ever made a claim on Workers Compensation? Yes / No**

If yes, give  
details.....  
.....

## SECTION 3: MEDICAL EXAMINATION

TO BE COMPLETED BY THE EXAMINING DOCTOR

Surname: ..... First Name: ..... Sex: M / F  
AGE ...

Height: ..... Weight: ..... BMI: .....%

Blood Pressure..... if >140/90 repeat .....

VISUAL ACUITY (**uncorrected** must be measured in EVERY case)

	Uncorrected	Corrected
Right Eye	6/	6/
Left Eye	6/	6/
Both Eyes	6/	6/

N.B. only soft contact lenses are permitted when riding,

CARDIO VASCULAR SYSTEM Normal / Abnormal

Pulse Rate (at rest) (State rate please) .....

Heart Sounds .....

Peripheral Pulses .....

RESPIRATORY SYSTEM Normal / Abnormal

Thoracic Cage .....

Air Entry .....

Peak Flow (If available) .....

ABDOMEN Normal / Abnormal

Palpation .....

Herniae .....

Other abnormalities .....

CENTRAL NERVOUS SYSTEM Normal / Abnormal

Pupils – size, equality and reaction .....

Reflexes – elbow, forearm, knee and ankle .....

Co-ordination .....

Speech .....

MUSCULO-SKELETAL SYSTEM  
limitations)

Normal / Abnormal- (specify

Configuration, mobility and strength

.....

Shoulders and upper limbs

.....

Grip

.....

Hips and lower limbs

.....

Gait

.....

Spine

.....

OTHER

Normal / Abnormal

Thyroid

.....

Lymph Glands

.....

HEARING – conversation voice at 2.5 meters binaural (if abnormal a formal audiogram may be required)

URINALYSIS – if abnormal, please repeat dipstick after 2 days.

Protein

Absent / Present

Glucose

Absent / Present

Blood

Absent / Present

## SECTION 4: MEDICAL SUMMARY

### TO BE COMPLETED BY THE EXAMINING DOCTOR

A) Does the applicant suffer from any condition that is/are currently active?

Yes     No     Not applicable

**Active Condition**

**Expected Recovery Time**

B) Did you consider if necessary to contact the treating doctor to confirm or discuss the medical history or condition?

Yes     No    Name of treating doctor: \_\_\_\_\_

If successful, please note outcome:

Treating doctor confirmed the history

Treating doctor provided significant new information (place details in box below)

Did you contact the National Medical Officer?  Yes     No

**Details**

- C)** After considering the history, examination and other information, does the applicant have an increased risk of either developing, aggravating or suffering from a recurrence of any condition in the future while racing thoroughbred horses (compared with the general population?)

Yes    No

If yes, please list these conditions below and comment if required:

- D)** Where a condition is active, is it possible that the condition may improve during the next 6 weeks to allow the condition to become inactive or well controlled?

Yes    No            Not applicable

If yes, what intervention or assessment would be necessary to achieve this and what action, if any, have you taken to confirm (i.e. applicant needs to attend G.P, specialist, optometrist, etc?)

- E)** If applicable, was it necessary to refer the applicant to their GP for follow up of a possible condition i.e. blood pressure, hematuria?

Yes    No    If yes, please provide details below

- F)** Report completion:
- Report Complete, No follow up. (Fax full report to the PRA licensing officer) Immediately after consultation
  - Additional information requested. Complete Additional Information Requested box below and fax full report immediately after consultation, Forward additional information separately when available



## SECTION 5: SUMMARY STATEMENT

I \_\_\_\_\_, have today personally examined  
\_\_\_\_\_(the applicant), DOB: \_\_\_\_\_ in accordance with the  
National Medical Standards\* and hereby declare that s/he is:

- deemed to be fit (*A-Acceptable condition*)
- deemed to be fit (*A-with the following restrictions or accommodations e.g. contact lenses*)

\_\_\_\_\_

\_\_\_\_\_

- deemed to have a medical condition for which further medical information or testing is required. (*D-Deferred*)
- found to have a medical condition which is not compatible with safe race riding; (*R-Refused*)

Please note that before signing this form, medical practitioners must confirm positive findings noted by the applicant on this form which may impact safe riding and racing i.e. back problems, knee problems etc.

The doctor is required to provide noted in point form to confirming the date, severity, duration, impact on employment and function for each potentially significant condition.

- I confirm that I have provided the above information for all relevant condition

\_\_\_\_\_

Medical Examiner's Stamp/Name

Medical Examiner's Signature

Telephone Number:

Date:

Medical Examiners Note:

OFFICE USE ONLY		
Approved	Date	Comments

## SECTION 6:

### ADDITIONAL INFORMATION

Only complete this section if you have requested further information to complete assessment e.g. letter from GP, specialist report, BP readings, test results etc.

Please note the anticipated time required to receive this information.

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Additional Information Requested	Expected Delay

- At the completion of the medical examination, please fax the full report to the PRA Licensing Officer
- When the additional information is available please fax this page (only) to the PRA Licensing Officer
  - With additional information inserted below
  - With any other additional medical information including letters or reports attached

Additional Information

*A copy of the entire document must be retained by examining doctor for his/her medical records.*

\_\_\_\_\_

Medical Examiner's Stamp/Name

Medical Examiner's Signature

Telephone Number:

Date:

Medical Examiners Note:

<b>OFFICE USE ONLY</b>		
<b>Approved</b>	<b>Date</b>	<b>Comments</b>

