

**CONFIDENTIAL - MEDICAL REPORT IN CONNECTION WITH AN
APPLICATION TO RIDE IN RACES UNDER THE RULES OF
RACING OR POINT-TO-POINT REGULATIONS**



TYPE OF LICENCE/PERMIT APPLIED FOR:

Professional

Full Jump	<input type="checkbox"/>	Conditional	<input type="checkbox"/>
Full Flat	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>

Amateur

Under Rules	Flat Races	<input type="checkbox"/>
	Steeple Chases and Hurdle Races	<input type="checkbox"/>
	Both - Flat and Steeple Chase/Hurdle Races	<input type="checkbox"/>
Point to Point		<input type="checkbox"/>

SurnameAll Forenames

(previous surname, eg. maiden name)

Date of BirthAge.....

Home Address

Tel no. daytimeTel no. evenings

DETAILS OF PREVIOUS LICENCES/PERMITS HELD:-

What licence(s)/permit(s) to race ride do you currently hold?
.....

List of any licences/permits held in the past of another type
.....

Date of first licence/permit issued by the Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority
.....

Have you ever had a licence refused or deferred by the Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority on medical grounds?

Date	Reason	Date re-instated
.....
.....

Date of last medical examination by own GP or Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority
Chief Medical Adviser in support of an application for a licence/permit
.....

Do you currently hold a valid drivers licence? yes/no

Have you ever had your driving licence revoked or suspended for medical reasons? yes/no

If yes, please state date(s) and reasons
.....

INTRODUCTION

Race riding is an activity that requires each and every jockey to exercise physical skills and judgement 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.

The British Horseracing Authority requires that all jockeys applying for a licence or permit to ride under Rules or Point to Point Regulations provide a Declaration of Health and appropriate medical evidence of his/her 'fitness to ride'.

Each application is subject to scrutiny by the British Horseracing Authority's Chief Medical Adviser who may request additional medical reports or specialist examination(s) as appropriate. All costs incurred in providing this information are the responsibility of the applicant.

When sufficient information is available, a medical recommendation regarding each applicant is made to the Licensing Committee or the Point-to-Point Department of the British Horseracing Authority for their consideration.

The final decision to grant or refuse a licence or permit rests solely with the Licensing Committee of the British Horseracing Authority 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 (eg. concussion, fracture) or significant illness (eg. cancer, hepatitis) that could in any way affect their fitness to ride, must inform the British Horseracing Authority Chief Medical Adviser at the earliest opportunity. This applies to any significant illness or injury - regardless of whether or not it resulted from a racing incident (eg. road traffic accident, hacking, eventing, on the gallops, winter sports, hang gliding. etc.)

Chief Medical Adviser

THIS FORM MUST BE COMPLETED BY THE APPLICANT'S REGISTERED GP
(WHO MUST ALSO HAVE ALL THE PAST MEDICAL RECORDS AVAILABLE)

MEDICAL HISTORY

Name of Applicant

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

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

3. Family History - is there any family history of disease or illness? (e.g. Diabetes, Cardio-Vascular Disease, High Blood Pressure, Lipid Disorders etc.)
.....

4. Social History
Does the applicant smoke? yes/no Daily consumption
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 (riding/RTA etc)	Outcome
.....
.....

8. Other Investigations - MRI, EEG, XRAYs etc. (not mentioned above)

Date	Investigation	Outcome
.....
.....

9. Has the applicant ever suffered from: -

	Yes	No	
Anxiety, Nervous or Mental Disease	<input type="checkbox"/>	<input type="checkbox"/>	Please amplify -
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)	<input type="checkbox"/>	<input type="checkbox"/>	

10. Is the applicant currently on any medication? 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
(please boost immunity if over 10 years ago)

MEDICAL EXAMINATION

Name of Applicant

Height Weight **Blood Pressure**

Visual Acuity (must be measured in EVERY case)

	Uncorrected	Corrected
Right eye		
Left eye		

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

CARDIO VASCULAR SYSTEM Normal/Abnormal
 Pulse Rate (at rest)
 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 and hearing

MUSCULO-SKELETAL SYSTEM Normal/Abnormal
 Configuration, mobility and strength
 Shoulders and upper limbs
 Grip
 Hips and lower limbs
 Gait
 Spine

URINALYSIS — if abnormal, please repeat dipstick after 2 days.
 Protein Absent/Present
 Glucose Absent/Present
 Blood Absent/Present

Examining doctor's opinion regarding the applicant's fitness to ride in races (Please See Overleaf)
FIT/UNFIT

Signed **Dated**

Name of examining doctor (capitals)

Address

.....

Contact Tel No Fax No

THIS FORM WILL ONLY BE ACCEPTED IF IT HAS BEEN COMPLETED BY THE APPLICANT'S REGISTERED GP. PLEASE DECLINE TO CARRY OUT THE MEDICAL EXAMINATION IF YOU DO NOT HAVE ALL THE APPLICANT'S MEDICAL RECORDS TO HAND AND ARE NOT THEIR CURRENT REGISTERED GP.

OFFICE USE ONLY		
Approved	Date	Comments

INSTRUCTIONS TO EXAMINING DOCTOR STANDARDS OF FITNESS TO RIDE IN RACES.

As a result of the Regulator's extensive experience in the field of equestrian sport, it has been long-standing practice to apply strict medical standards for participation in race riding. The complete document 'Medical Standards for Fitness to Race Ride' is available on request from the Medical Dept. (or online at www.thehra.org) but a brief summary of the major areas of concern follows. If the examining doctor has any queries at the time of the examination s/he may contact the British Horseracing Authority's Chief Medical Adviser for clarification - 020 7189 3800 (office) - 07788 567440 (mobile).

MEDICATION

The commonest 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 British Horseracing Authority Standards are broadly in line with the DVLA criteria for GROUP 2 applicants - fit free for 10 years, off all anti-convulsant medication for 10 years and having no further liability 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 35 dBA 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 painfree 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. Fractures of the skull, fractures of the spine and 'slipped discs' are of particular concern and these applicants may be required to attend for examination by the British Horseracing Authority's Chief Medical Adviser.

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, debilitating 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 field defects and diplopia are not acceptable.

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

The Chief Medical Adviser
The British Horseracing Authority
151 Shaftesbury Avenue
London WC2H 8AL

Tel: 020 7189 3838 Fax 020 7189 3836 Mob 07788 567440