THE RACES
THOROUGHBRED RACING SA

Thoroughbred Racing SA
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Medical Report Form

LICENCE / PERMIT

PART A

APPLICANT MUST COMPLETE PARTS "A" AND "B"
MEDICAL EXAMINER MUST COMPLETE PART "C" AND THE "DECLARATION"

Please tick Licence / Permit applied for

Jockey		**Apprentice Jockey**		**Track Work Rider**		**Trainer Riding Track Work**	

PERSONAL INFORMATION

Family Name:		**DOB:**	/ /
Given Name(s):		**Gender** (Please Tick)	
Preferred Name:		☐ **Female** ☐ **Male**	
Home Address:			
Suburb:		**Postcode:**	
Postal Address: (only if differs from above)		**Postcode:**	
Contact Telephone:	**Mobile:**		
Email Address:			

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 of refusal or deferment	Date of Reinstatement	Reason

PART B

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, hayfever 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 admissions	Yes: ☐	No: ☐
18.	Any other illnesses or injuries not mentioned above.If yes, please provide details below	Yes: ☐	No: ☐
19.	Have you ever made a claim for Workers Compensation?	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

MEDICAL INFORMATION (continued)

PART B

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 drink? (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.

Details of Prescribed Medications/Supplements prescribed by a Medical Practitioner	
Medication	**Reason for Use**

APPLICANT DECLARATION

1. I consent to Thoroughbred Racing SA 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. If it is not reasonable and practicable for me to provide the health information, I authorise consent for Thoroughbred Racing SA 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 am able to gain access to my health information that is collected by Thoroughbred Racing SA.
5. I also provide consent for Thoroughbred Racing, at their discretion; to discuss the above health information with nominated representatives of the Australian Jockey's Association (SA Branch), and external health service providers contracted. 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 Thoroughbred Racing SA.
9. I declare that I will comply with the Rules of Racing and in particular LR6.1, LR6.2, LR6.3, LR21.2(a)&(b), LR21.3, LR21.4, 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 second of this form to be provided to another Principal Racing Authority upon request, in the event that I accept rides outside of South Australia.

AUTHORISATION:

Applicant's Name	Applicant's signature	Date
Witness Name	Witness signature	Date

PART C

MEDICAL EXAMINATION (to be completed by Medical Examiner)

APPLICANT DETAILS

Family Name:			**DOB:**	/ /		
Given Name(s):			**Gender** (Please Tick)			
Preferred Name:			☐ **Female** ☐ **Male**			
Photographic Proof of Identity	**Type:**		**Number:**			
Witnessed by:	**Name:**		**Signature:**			
Current Age:	**Height:**		**Weight:**		**BMI:**	

EXAMINING DOCTOR'S DETAILS

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

EXAMINING DOCTOR'S 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:	

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

Details of Prescribed Medications/Supplements prescribed by a Medical Practitioner	
Medication/s:	**Reason/s:**

PART C

FAMILY HISTORY

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

Family History	

MEDICAL EXAMINATION

1. Eyes				
1.	Lids and Cornea - Normal	Yes ☐	No ☐	
	Visual Acuity for Distance	RIGHT	LEFT	
	Uncorrected	6/	6/	
	Corrected	6/	6/	
2.	Movement – Normal	Yes ☐ No ☐	Yes ☐ No ☐	
	Fields (Confrontation test) – Normal	Yes ☐ No ☐	Yes ☐ No ☐	
	Are contact lenses or spectacles worn?	Yes ☐	No ☐	
2. Ears, Nose and Throat				
1.	Nose - Normal	Yes ☐	No ☐	
	Ears	RIGHT	LEFT	
	External auditory canal – Normal	Yes ☐ No ☐	Yes ☐ No ☐	
2.	Tympanic membrane – Normal	Yes ☐ No ☐	Yes ☐ No ☐	
	Conversational voice @ 2.5 metres binaural – Normal	Yes ☐ No ☐	Yes ☐ No ☐	
	Fields (confrontation test) – Normal	Yes ☐ No ☐	Yes ☐ No ☐	
3. Musculoskeletal System				
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 ☐		

PART C

MEDICAL EXAMINATION

4. 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 ☐		
5. 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 mins			
6. Respiratory System				
1.	Respiratory system – Normal?	Yes ☐ No ☐		
7. Digestive System and Abdomen				
1.	Oropharynx – Normal?	Yes ☐ No ☐		
2.	Spleen – Normal?	Yes ☐ No ☐		
3.	Liver – Normal?	Yes ☐ No ☐		
4.	Other abdomen organs – Normal?	Yes ☐ No ☐		
5.	Is hernia present?	Yes ☐ No ☐		
8. Genitourinary				
1.	Urine	Yes ☐ No ☐		
2.	Glucose – Normal?	Yes ☐ No ☐		
3.	Albumin – Normal?	Yes ☐ No ☐		
4.	Blood – Normal?	Yes ☐ No ☐		
5.	Other abnormalities?	Yes ☐ No ☐		
6.	Testes – any abnormality affecting fitness?	Yes ☐ No ☐		
9. Skin				
1.	Skin – Normal?	Yes ☐ No ☐		
2.	Any body marks or scars?	Yes ☐ No ☐		

PART C

MEDICAL EXAMINATION

10. Other			
1.	**Thyroid glands – Normal?**	**Yes** ☐ **No** ☐	
2.	**Lymph glands – Normal?**	**Yes** ☐ **No** ☐	
3.	**Speech – Normal?**	**Yes** ☐ **No** ☐	
11. Female Applicants Only			
1.	**Dysmenorrhoea?**	**Yes** ☐ **No** ☐	
2.	**Menorrhagia?**	**Yes** ☐ **No** ☐	
3.	**Is the applicant pregnant?**	**Yes** ☐ **No** ☐	
12. Other			
1.	**Is there any evidence of any drug or alcohol abuse?**	**Yes** ☐ **No** ☐	
2.	**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 Thoroughbred Racing SA.

Use of the words "Fit" or "Fitness" refers to the "Fitness" of the applicant to carry out the activities of riding trackwork, in official trials and in races regulated by the licence/permit applied for.

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

DECLARATION

LICENCE / PERMIT
MEDICAL REPORT FORM (to be completed by Medical Examiner)

LICENCE/PERMIT MEDICAL EXAMINATION REPORT

Family Name:		**DOB:**	/ /
Given Name(s):		**Gender** (Please Tick)	
Preferred Name:			

I have today personally examined the applicant in accordance with the requirements of the Thoroughbred Racing SA Limited Licence/Permit Medical Report and hereby declare that the person named above is:

(PLEASE TICK YES OR NO)

Yes ☐	**In my opinion the applicant IS FIT 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 for the issue of the licence/permit applied for and I recommend the applicant be referred to the Thoroughbred Racing SA Medical Panel for further examination.**

DOCTOR'S DETAILS

Surname:		**Given Name(s):**	
Provider Number:			
Practice Name:			
Address:			
Suburb:		**Postcode:**	
Postal Address: (only if differs from above)		**Postcode:**	
Contact Telephone:	**Mobile:**		
Email Address:			

AND/OR PRACTICE/PROVIDER STAMP BELOW:

Examining Doctor's Name	Examining Doctor's Signature	Date