



# MEDICAL REPORT FORM

## LICENSE/PERMIT (PART A)

RACINGSA

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

Please tick licence/permit applied for

<input type="checkbox"/> Jockey	<input type="checkbox"/> Apprentice Jockey	<input type="checkbox"/> Track work rider	<input type="checkbox"/> Trainer riding track work	<input type="checkbox"/>
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Family Name:

Given name:

DOB:

### PERSONAL INFORMATION

Preferred Name:	
Home Address:	
Suburb:	
Postcode:	Gender: Male <input type="checkbox"/>
	Female <input type="checkbox"/>
	Other/prefer not to say <input type="checkbox"/>
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:
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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:
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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?

	Condition/Injuries/Illnesses	Yes	No
1	Nervous disorders including, nerves, depression, nervous breakdown, mental or emotional instability, anxiety or attempted suicide		
2	Headaches or migraines		
3	Fits, Convulsions, turns, blackouts, giddiness or epilepsy		
4	Lung or chest infections, pneumonia, bronchitis, asthma or tuberculosis		
5	Heart disease, high or low blood pressure, rheumatic fever or angina pectoris		
6	Indigestion, pain after eating, gastric or duodenal ulcers, hiatus hernia, gall bladder disease, recurrent diarrhoea or appendicitis		
7	Kidney or bladder problems, cystitis (inflammation of the bladder) or stones		
8	Diabetes, goitre, thyroid disease or any disease of the lymphatic glands		
9	Anaemia or blood disease		
10	Perforated ear drums, deafness, tinnitus (noises in the ears), ear discharge or blocked ears		
11	Sinusitis, frequent head colds, blocked nose, hayfever or other allergies		
12	Back, spine or neck injuries, pain or arthritis		
13	Fractures or dislocations		
14	Head injuries, knocks or falls during sports or other activities, seen a Doctor or Hospitalised for head injuries, blackouts or loss of consciousness		
15	Skin disease, eczema or dermatitis		
16	Speech impairments or defect		
17	Surgical procedures or hospital admissions		
18	Any other illnesses or injuries not mentioned above. If yes, please provide details below		
19	Have you ever made a claim for Workers Compensation		



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	Detail of condition

Date of last Tetanus injection/booster:	
Do you smoke? (If yes, provide the number of cigarettes or other tobacco products you consume per day)	
Do you drink? (If yes, please provide the number of standard drinks per day)	

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 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 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 Racing SA.
5. I also provide consent for Racing SA, 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 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:		
Preferred name:						
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 Applicant's GP:		Dated records held from:	

## EXAMINING DOCTOR'S REVIEW OF PART B

Ref. number	Detail of condition

Date of last Tetanus injection/booster:	
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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	Reason for use

**FAMILY HISTORY**

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

Family History	

**MEDICAL EXAMINATION**

<b>1. Eyes</b>				
1.	Lids & Cornea - Normal?	Yes	No	
	Visual acuity for distance	RIGHT	LEFT	
	Uncorrected	6/	6/	
	Corrected	6/	6/	
2	Movement - Normal?	Y   N	Y   N	
	Fields (Confrontation test) - Normal?	Y   N	Y   N	
	Are contact lenses or spectacles worn	Yes	No	
<b>2. Ears, Nose and Throat</b>				
1.	Nose - Normal?	Yes	No	
	Ears	RIGHT	LEFT	
	External auditory canal - Normal?	Y   N	Y   N	
2.	Tympanic membrane - Normal?	Y   N	Y   N	
	Conversational voice @ 2.5m binaural - Normal?	Y   N	Y   N	
	Fields (confrontation test) - Normal?	Y   N	Y   N	
<b>3. Musculoskeletal System</b>				
1.	Spinal Function - Normal?	Yes	No	
2.	Strength and ROM in upper or lower extremities - Normal?	Yes	No	

3.	Joints - Normal?	Yes	No	
4.	Limbs - Normal?	Yes	No	
5.	Any other orthopaedic appliances worn?	Yes	No	
6.	Grip strength - Normal?	Yes	No	
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 signs 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 five minutes			



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	N/A	
9. Skin					
1.	Skin - Normal?	Yes	No		
2.	Any body marks or scars?	Yes	No		
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 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

License/Permit  
MEDICAL REPORT FORM (to be completed by Medical Examiner)

## LICENCE/PERMIT MEDICAL EXAMINATION REPORT

Family name:		DOB:
Given name(s):		Gender:

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

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 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 number:			
Email address:			

## AND/OR PRACTICE/PROIDER STAMP BELOW

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Examining Doctor's Name

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Examining Doctor's Signature

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Date

