




Department of Natural Resources and Environment Tasmania

Office of Racing Integrity

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X = SIGNATURE REQUIRED. To apply a digital signature to this form either:
(1) Use the "Sign Document" tool  OR (2) Select "Fill & Sign" from the menu.

Thoroughbred Medical Examination Form

CONFIDENTIAL

TO THE EXAMINING MEDICAL PRACTITIONER

Introduction

The Director of Racing requires applicants for the granting of a licence or permit to ride as a jockey, apprentice jockey, approved trial rider or track work rider at thoroughbred race meetings, trials or track work in Tasmania to provide a medical certificate stating the applicants:

- (a) general health; and
- (b) fitness to ride thoroughbred horses in races, trials and track work.

The purpose of this document is to provide background information regarding the **minimum** requirements in respect of such a medical certificate.

It is stressed, however, that the provision of a medical assessment and information is a matter for the professional judgement of the examining medical practitioner, who must not be limited or constrained by the information provided herein.

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

Overview of the requirements of a Jockey and Apprentice Jockey

Persons granted a licence or permit to ride as a jockey or apprentice jockey must be physically fit generally and be able to withstand the rigors of riding particularly those associated with riding 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 their life in danger but may also put others at risk of injury, permanent disability, or death. ORI requires that all jockeys applying for a licence provide a Declaration of Health and appropriate medical evidence of their "fitness to ride".

A medical practitioner who has any doubts about their capacity to evaluate a person's physical fitness to ride in races should decline to provide a medical certificate to any person applying for a jockey, apprentice jockey, approved trial rider or track work rider licence or permit.

Particular areas of consideration

Without limiting the generality of the requirement for general physical fitness, an applicant for a jockey, apprentice jockey, approved trial rider or track work rider licence or permit must be physically and psychologically fit to perform the role.

Weight

Jockeys and apprentice jockeys must maintain their weight below the maximum allowable weight, to be carried by the horse, which they are engaged to ride.

In conducting a medical examination, medical practitioners must be aware that jockeys must maintain a minimum weight, and that some jockeys and apprentice jockeys engage in a variety of activities intended to reduce and maintain their weight including fasting, purging, exercise, and taking of saunas.

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 may 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, judgment, 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, judgment, co-ordination or alertness (e.g. insulin dependent diabetes, epilepsy).
4. The medication is banned under the Rules of Racing (e.g. diuretics) AR 136(1) can be found at the following link – https://www.racingaustralia.horse/FreeServices/Australian_Rules_Of_Racing.aspx.

Asthma

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

Convulsions

Licensing standards are broadly in line with the current international criteria – fit free for 10 years, off all anti-convulsion medication for 10 years and having no further liability to convulsions.

Hearing

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

Musculoskeletal 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 or other appropriate specialist medical practitioner (eg sports physician, occupational physician or rehabilitation physician) 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. Persons who have any type of joint replacement will not be granted permission to ride. Fracture of the skull, fractures of the spine and disc injuries are of concern and these applicants may be required to attend for further examination.

Other conditions that may warrant further consideration

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 AV malformation or aneurysm, cerebrovascular disease, unexplained loss of consciousness, cranial surgery, osteoporosis, any other chronic disease.

Pregnancy

In accordance with the Rules of Racing, a rider may not ride after the first trimester of her pregnancy.

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

- Minimum requirements with or without corrective lenses
 - “good eye” 6/9 or better;
 - “worse eye” 6/18 or better.
- Corrective lenses are acceptable provided that these are "soft contact lenses."

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 refer to any medications, drugs, tablets, supplements, weight loss products 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, applicants are advised that the medications and dosage will be considered when your suitability for a Rider's licence is assessed.

Reference AR 142: https://www.racingaustralia.horse/FreeServices/Australian_Rules_Of_Racing.aspx

To allow your application to be assessed in a timely manner, applicants who are currently taking medication; anticipate taking medication during the 2024/25 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 applicant's physical capability, judgement, coordination or alertness (eg antidepressant medication).
- b) A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the applicant's physical capability, judgement, coordination or alertness (eg insulin dependent diabetes).
- c) The therapeutic effect of the medication may put a rider at risk if they suffer from a racing accident (eg warfarin). Should obtain a report from their treating specialist advising:
 - i The nature of the illness, condition or ailment being suffered by the rider or horse handler.
 - ii That no alternative substance that is not a banned substance would serve the same medicinal purpose for the illness, condition or ailment concerned; and
 - iii In relation to a rider, that the medication would not affect the rider in a race, official trial, jump-out or trackwork to the extent that it could in any way constitute a danger to the rider or other riders; or
 - iv in relation to a horse handler, that the medication would not affect the horse handler in carrying out his or her duties to the extent that it could in any way constitute a danger to the horse handler or others; 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 Principal Racing Authority 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 Office of Racing Integrity may also request you to obtain further information from your medical practitioner in relation to any medication not described above if considered necessary.

Details of Personal Medical History

To be completed by Applicant

NAME: DOB:

Type of Licence Application: Jockey Apprentice Jockey
 Approved Trial Rider Trackwork Rider

Have you experienced or do you suffer from any of the symptoms or conditions listed below?

Please choose YES or NO

REF.	CONDITION	Yes	No
1.	Mental Health and Psychological disorders including nerves, depression, bipolar disorder, nervous breakdown, mental or emotional instability, anxiety or attempted suicide.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Headaches or migraines.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Neurological disease including but not limited to fits, convulsion, turns, blackouts, fainting, dizziness, giddiness or epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Lung or chest infections, pneumonia, bronchitis, asthma or tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Heart disease, blood pressure, rheumatic fever or angina pectoris.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Indigestion, pain after eating, gastric or duodenal ulcers, hiatus hernia, gall bladder disease, recurrent diarrhoea, or appendicitis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Kidney or bladder problems, cystitis (inflammation of the bladder) or stones.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Diabetes, goiter, thyroid disease or any disease of the lymphatic glands.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Anaemia or blood disease.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Perforated eardrums, deafness, tinnitus (noises in the ears), ear discharge or blocked ears.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Sinusitis, frequent head colds, blocked nose, hay fever or other allergies.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Back, spine or neck injuries or pain or arthritis.	<input type="checkbox"/>	<input type="checkbox"/>
13.	Fractures, or dislocations.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Head injury, concussion or unconsciousness.	<input type="checkbox"/>	<input type="checkbox"/>
15.	Skin disease, eczema or dermatitis.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Speech defect.	<input type="checkbox"/>	<input type="checkbox"/>
17.	Surgical procedures or hospital admission.	<input type="checkbox"/>	<input type="checkbox"/>
18.	Any other sickness or injury not mentioned above.	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever made a claim for Workers Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
20.	FEMALE APPLICANTS ONLY: Gynaecological problems. EG: Dysmenorrhoea, Menorrhagia etc.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above questions, provide details below.
Please ensure you clearly mark the condition reference number before the details.

REF NO.	DETAILS OF CONDITION

Tetanus What date did you last receive a tetanus injection or booster?

Tobacco How many cigarettes or other tobacco products do you smoke per day?

Alcohol How many standard alcoholic drinks do you consume per day?
Standard drink size information can be found at: www.alcohol.gov.au/internet/alcohol/publishing.nsf

Prescriptions and Supplements:

Please refer to the information provided on page 2 of this form and request your doctor to provide details as required under the Rules of Racing.

Provide details of any oral, injectable or topical medication 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 herbal preparations you use or have used whether prescribed or otherwise).

SUPPLEMENT / PREPARATION / MEDICATION	REASON YOU ARE USING THIS

Thoroughbred Medical Examination Form

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

Yes No

If yes please provide the following information:

DATE OF REFUSAL:	DATE OF RE-INSTATEMENT	REASON FOR REFUSAL OR DEFERMENT:

Have you ever had a riding licence revoked or suspended on medical grounds?

Yes No

If yes, please provide the date and reason.

DATE	REASON

Declaration

- I declare that all information I have provided within this medical report and any attachments are correct and I have not withheld any information that is relevant to this application.
- I declare that I have not provided for the purposes of this report 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.
- I declare that if I should be diagnosed with any of the conditions listed within this medical report, or the circumstances of any of the listed conditions I currently have should change then I agree to immediately notify the Office of Racing Integrity.

APPLICANT SIGNATURE:

X

DATE:

WITNESS SIGNATURE:

X

WITNESS NAME:

Medical Examination and Assessment

To be completed by Medical Practitioner

NAME OF PATIENT: _____ DATE: _____

Applicants to provide this entire form to the Medical Practitioner at examination.

The medical examination and assessment must include at least the following:

1. Height (Metres) Applicant must be barefoot
2. Weight (Kilograms in underclothes)
3. Body Mass Index (Weight ÷ Height²)

EYES (R = Right L = Left)

4. Lids and Cornea – Normal Yes No
COMMENTS

Visual Acuity for Distance

5. Uncorrected: R 6/ L 6/ COMMENTS
6. Corrected: R 6/ L 6/ COMMENTS

7. Movement – Normal? R Yes No L Yes No
COMMENTS

8. Fields (Confrontation test) – Normal? R Yes No L Yes No
COMMENTS

9. Are contact lenses or spectacles worn? Yes No
COMMENTS

EARS, NOSE & THROAT

10. Nose – Normal Yes No
COMMENTS

Ears (R = Right L = Left)

11. External auditory canal – Normal? R Yes No L Yes No
COMMENTS

12. Tympanic membrane – Normal? R Yes No L Yes No
COMMENTS

13. Conversational voice@ 2.5 metres binaural – Normal? R Yes No L Yes No
COMMENTS

14. Fields (Confrontation test) – Normal? R Yes No L Yes No
COMMENTS

MUSCULOSKELETAL SYSTEM

15. Spinal function, including cervical range of motion Yes No

COMMENTS

16. Joints, Limbs, Gait, Grip strength, general strength and range of movement in upper or lower extremities – Normal? Yes No

COMMENTS

CENTRAL NERVOUS SYSTEM

17. Muscle strength, reflexes, co-ordination – Normal? Yes No

COMMENTS

18. Any sign of gross sensory or cerebellar disturbance? Yes No

COMMENTS

CARDIOVASCULAR SYSTEM

19. Pulse rhythm and Character – Normal? Yes No

COMMENTS

20. Pulse rate – BPM – Normal? Yes No

COMMENTS

21. Cardiac Auscultation-Normal? (Note: please perform both lying and standing) Yes No

COMMENTS

22a. Standing Blood Pressure Systolic Diastolic

COMMENTS

22b. Sitting Blood Pressure Systolic Diastolic

COMMENTS

RESPIRATORY SYSTEM

23. Lungs (spirometry, lung function) – Normal? Testing for those with known lung disease only. Yes No

COMMENTS

DIGESTIVE SYSTEM & ABDOMEN

24. Oropharynx, Spleen, Liver, Other organs – Normal? Yes No

COMMENTS

25. Is any hernia present? Yes No

COMMENTS

GENITO URINARY

26. Urine

Glucose – Normal? Yes No

COMMENTS

Albumin – Normal? Yes No

COMMENTS

Blood – Normal? Yes No

COMMENTS

Other abnormalities? Yes No

COMMENTS

27. Testes – any abnormality affecting fitness? Yes No

COMMENTS

FEMALE APPLICANTS ONLY

28. Gynaecological problems? E.g. Dysmenorrhoea, Menorrhagia etc. Yes No

COMMENTS

29. Is the applicant pregnant? Yes No

COMMENTS

OTHER

30. Thyroid glands – Normal? Yes No

COMMENTS

31. Lymph glands – Normal? Yes No

COMMENTS

32. Speech – Normal? Yes No

COMMENTS

33. Is there any evidence of any drug or alcohol abuse? Yes No

COMMENTS

34. Anything in the applicant's medical history which may affect ability to perform the role? Yes No

(If yes, please provide details)

35. Any other information which may be relevant? Yes No

(If yes, please provide details)

Please provide, on separate sheet, information relevant to requirements as outlined on page 2 (Medical Examiner notes) and page 5 (Applicant Information) regarding medications the applicant may be taking or is likely to take.

Thoroughbred Medical Examination Form

Medical Examiner's Declaration

Please clearly complete all below details.

DOCTOR'S PRINTED NAME:	DOCTOR'S SURGERY NAME: (PLEASE PRINT)

ADDRESS:	MEDICAL PROVIDER NO.

I have today personally examined (the applicant)
 in accordance with this Report and hereby declare that (Please indicate YES or NO)

YES
 In my opinion the applicant **IS FIT** without restriction for the issue of the licence/permit applied for having consideration to the information provided in Pages 1 -3 of this form. 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.

REASON:

SIGNATURE OF MEDICAL PRACTITIONER:	DATE:
X	

Personal Information Protection Statement

You are providing personal information to the Office of Racing Integrity, Tasmania (ORI), which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by ORI for the purpose of processing your application for a licence and/or registration and associated purposes, pursuant to the *Racing Regulation Act 2004*, associated legislation and the Rules of Racing as adopted by Tasracing from time to time. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of Tasracing, Tasmanian race clubs, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information. You have the right to access your personal information by request to ORI and you may be charged a fee for this service.