

# Office of Racing Integrity

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## 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 racehorses 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 jockey/rider 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 each and every jockey to exercise physical skills and judgment 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. ORI requires that all jockeys applying for a licence provide a Declaration of Health and appropriate medical evidence of his/her "fitness to ride".

**A medical practitioner who has any doubts about his or her 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 - <http://www.racingaustralia.horse/FreeServices/RulesOfRacing.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-convulsant 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 particular 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”.
- Monocular vision, visual field defects and diplopia are not acceptable.

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## Thoroughbred Medical Examination Form

### 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 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, riders are advised that the medications and dosage will be considered when your suitability for a Riders licence is assessed.

***Reference AR 142 <http://www.racingaustralia.horse/FreeServices/RulesOfRacing.aspx>***

To allow your application to be assessed in a timely manner riders who are currently taking medication; anticipate taking medication during the 2019/20 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 (eg 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 (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.

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The Office of Racing Integrity may also request 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

<b>NAME:</b>	<b>DOB:</b>
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<b>Type of Licence Application:</b>	<input type="checkbox"/> Jockey	<input type="checkbox"/> Apprentice Jockey
	<input type="checkbox"/> Approved Trial Rider	<input type="checkbox"/> Trackwork Rider

Have you experienced or do you suffer from any of the symptoms or conditions listed below?  
**Please circle YES or NO.**

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

If you answered **YES** to any of the above questions, provide details on the next page (Details of Condition). 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](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf)

**Prescriptions and Supplements:**

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

Have you ever had a licence refused or deferred on medical grounds?  Yes  No

If yes please provide the following information:

Date of refusal:

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Date of re-instatement:

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Reason for refusal or deferment:

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Have you ever had a driving licence revoked or suspended on medical grounds?  Yes  No

If yes, please provide the date and reason:

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### 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:**

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**Witness Signature:**

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**Date:**

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**Witness Name:**

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## Thoroughbred Medical Examination Form

### Medical Examination and Assessment

<b>NAME:</b>		<b>DATE:</b>	
<b>Applicants to provide this form for examination by Medical Practitioner</b>			
The medical examination and assessment must include at least the following:			
1.	Height (Metres) <i>Applicant must be barefoot</i>		
2.	Weight (Kilograms <i>in underclothes</i> )		
3.	Body Mass Index ( <i>Weight ÷ Height<sup>2</sup></i> )		
	<b>EYES</b>		
4.	Lids and Cornea – Normal	Yes	No
	<b>Visual Acuity for Distance</b>	<b>Right</b>	<b>Left</b>
5.	Uncorrected	6/	6/
6.	Corrected	6/	6/
7.	Movement – Normal?	Yes/No	Yes/No
8.	Fields (Confrontation test) – Normal?	Yes/No	Yes/No
9.	Are contact lenses or spectacles worn?	Yes	No
	<b>EARS, NOSE &amp; THROAT</b>		
10.	Nose – Normal	Yes	No
	<b>Ears</b>	<b>Right</b>	<b>Left</b>
11.	External auditory canal – Normal?	Yes/No	Yes/No
12.	Tympanic membrane – Normal?	Yes/No	Yes/No
13.	Conversational voice@ 2.5 metres binaural – Normal?	Yes/No	Yes/No
14.	Fields (Confrontation test) – Normal?	Yes/No	Yes/No
	<b>MUSCULOSKELETAL SYSTEM</b>		
15.	Spinal function, including cervical range of motion	Yes	No
16.	Joints, Limbs, Gait, Grip strength, general strength and range of movement in upper or lower extremities – Normal?	Yes	No
	<b>CENTRAL NERVOUS SYSTEM</b>		
17.	Muscle strength, reflexes, co-ordination – Normal?	Yes	No
18.	Any sign of gross sensory or cerebellar disturbance?	Yes	No
	<b>CARDIOVASCULAR SYSTEM</b>		

19.	Pulse rhythm and Character – Normal?	Yes	No	
20.	Pulse rate – BPM – Normal?	Yes	No	
21.	Cardiac Auscultation-Normal? (Note: please perform both lying and standing)	Yes	No	
22.	Blood Pressure	Systolic	Diastolic	
	Standing			
	Sitting			
	<b>RESPIRATORY SYSTEM</b>			
23.	Lungs (spirometry, lung function) – Normal? <i>Testing for those with known lung disease only.</i>	Yes	No	
	<b>DIGESTIVE SYSTEM &amp; ABDOMEN</b>			
24.	Oropharynx, Spleen, Liver, Other organs – Normal?	Yes	No	
25.	Is any hernia present?	Yes	No	
	<b>GENITO URINARY</b>			
26.	Urine			
	Glucose – Normal?	Yes	No	
	Albumin – Normal?	Yes	No	
	Blood – Normal?	Yes	No	
	Other abnormalities?	Yes	No	
27.	Testes – any abnormality affecting fitness?	Yes	No	
	<b>FEMALE APPLICANTS ONLY</b>			
28.	Gynaecological problems? EG Dysmenorrhoea, Menorrhagia etc.	Yes	No	
29.	Is the applicant pregnant?	Yes	No	
	<b>OTHER</b>			
30.	Thyroid glands – Normal?	Yes	No	
31.	Lymph glands – Normal?	Yes	No	
32.	Speech – Normal?	Yes	No	
33.	Is there any evidence of any drug or alcohol abuse?	Yes	No	
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	

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Medical Examiner's Declaration	
<b>Doctor's Printed Name:</b>	
<b>Doctor's Surgery Name:</b> (Please print)	
<b>Address:</b>	
<b>Medical Provider Number:</b>	

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

- **YES** In my opinion the applicant IS FIT without restriction for the issue of the 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.

**Signature of Medical Practitioner:** .....

**Date:** .....