

JOCKEY APPLICATION

FOR PERIOD ENDING 30th April, 2012



JOCKEY LICENCE

PERMIT TO RIDE AS AN APPRENTICE

VISITING JOCKEY LICENCE (Only Licence Fee payable

if applicant has National Public Liability Insurance)

TO: **THE BOARD OF TRNT**
GPO BOX 589, DARWIN NT 0801
Ph: (08) 8944 7500

APPLICATIONS MUST BE LODGED AT THE OFFICES OF THE TRNT AND WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING;

- **COMPLETED APPLICATION FORM**
- **LICENCE FEE:**\$150 Inc GST
- **PHOTO:** ONE Current Passport size facial photographs (applicant may present themselves at the office of the TRNT to be photographed)
- **CLEARANCE FROM PREVIOUS AUTHORITY** (if applicable)
- **MEDICAL CERTIFICATE** (not required by riders visiting from jurisdictions where annual medical reports are required)
- **PROOF OF IDENTITY:** New applications must be accompanied by birth certificate, current drivers license or passport

INDUSTRY ACCREDITATION: All applicants for a Northern Territory Jockey License are advised that Industry Accreditation is compulsory in the Northern Territory.

Jockeys are required to have as a minimum Certificate IV Racing (Jockey)

SECTION 1: Personal Details

SURNAME: GIVEN NAMES:

DATE OF BIRTH: PLACE OF BIRTH:.....

PREFERRED NAME:RIDING WEIGHT: kgs.....

RESIDENTIAL ADDRESS:.....

CITY: STATE:POST CODE:.....

POSTAL ADDRESS:.....

CITY:STATE: POST CODE:.....

HOME PHONE:WORK PHONE:.....

FAX NUMBER:MOBILE:.....

EMAIL ADDRESS:.....

NEXT OF KIN EMERGENCY CONTACT (please provide the following details to be used by the Club or their officials in the case of an emergency):

| NAME | RELATIONSHIP TO YOU | CONTACT PHONE NUMBER |
|-------|---------------------|----------------------|
| | | |

NB: ANY CHANGES TO THESE DETAILS MUST BE NOTIFIED TO TRNT IMMEDIATELY

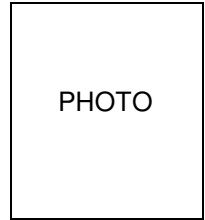
OFFICE USE ONLY:

DATE: _____

REC. NO: _____

AMOUNT: _____

INIT.: _____



IRIS:

LICENSE HISTORY:

BADGE/ID:.....

TRACKSIDE:

CLEARANCE:

SECTION 2: Personal and Licence History

| | |
|--|--|
| OCCUPATION OTHER THAN RIDING NAME AND ADDRESS OF EMPLOYER | |
| PLACE AND SEASON WHERE LAST LICENSED | |
| HAVE YOU BEEN INCAPACITATED IN THE LAST TWELVE MONTHS? If so give details | |
| HAVE YOU SUFFERED ANY INJURY WHICH MAY EFFECT YOU AS A JOCKEY IN THE FUTURE? | |
| HAVE YOU COMPLETED ANY INDUSTRY TRAINING? If yes what accreditation have you gained. | |
| HAVE YOU EVER BEEN REFUSED A LICENSE BY ANY RACING BODY? If so give details | |
| HAVE YOU EVER BEEN DISQUALIFIED BY ANY RACING BODY OR TRIBUNAL? If so give details | |
| ARE YOU CURRENTLY DISQUALIFIED OR UNDER SUSPENSION OR ANY OTHER DISABILITY WITH ANY RACING BODY OR TRIBUNAL? | |
| HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE? If so give details | |

I hereby declare that all the particulars provided in this application are true and correct

SECTION 3: Conditions of Licence

In the event of such licence being granted, I agree:

1. To observe and be bound by the Rules of Racing in force from time to time during the currency of such licence, or any renewal thereof, and also such Rules, Regulations, Conditions and Directions as may from time to time be made or given by the Committee, Stewards or Officials of the Club.
2. Not to ride on any Northern Territory registered racecourse or training track whilst under the influence of alcohol, any drug or other substance which might affect my ability or behavior.
3. To attend tracks regularly for the purpose of riding trackwork and to make myself available at all times to ride in races under the Rules of Racing unless prevented from doing so upon reasonable and proper grounds.
4. Not to make any public statement or comment concerning any matter currently the subject of investigation or inquiry before the Stewards, Board, Committee or Appeals Body.

Thoroughbred Racing NT collects personal information about you when you apply for a licence pursuant to the Northern Territory Racing and Betting Act and the Rules of Racing. Thoroughbred Racing NT, as part of its licensing and disciplinary processes may disclose such information to third parties as part of the process of considering whether to grant or maintain your licence. You do not have to supply any information sought but failure to do so may result in your application for a licence being refused or withdrawn. By completing and submitting this form, you authorise Thoroughbred Racing NT to collect, use and disclose personal information about you for the purpose of the Racing and Betting Act and the Rules of Racing.

Authority to Deduct

I hereby agree to have any monies owed by me to the ASTC, DTC or TRNT deducted from my Stakes Payment Percentages.

SIGNED: DATE:

SECTION 4: Jockey's questionnaire
(PUBLIC LIABILITY & PROFESSIONAL INDEMNITY)

FULL NAME:

ADDRESS:

OCCUPATION (other than riding):.....

NO OF YEARS RIDING EXPERIENCE:.....

PERIOD OF INSURANCE: 4.00pm 1st May, 2011 to 4.00pm 30th April, 2012

- HAS ANY INSURER EVER: (A) Declined a Proposal YES / NO
- (B) Declined to Renew YES / NO
- (C) Declined a Policy YES / NO

(if the answer to any of these questions is "yes", please attach further information)

INDICATE BELOW DETAILS OF ALL LOSSES PAID DURING THE LAST 5 YEARS (ie: date of loss, description and amount paid):.....

SUPPLY DETAILS OF PUBLIC LIABILITY AND PROFESSIONAL INDEMNITY INSURANCES HELD DURING THE PAST 3 YEARS

ARE YOU REGISTERED FOR THE PURPOSE OF GST YES NO

If Yes what is your Australian Business Number?

Are you entitled to an Input Tax Credit on your insurance premium? YES NO

If Yes what percentage will you claim? %.....

HAVE ANY CLAIM(S) EVER BEEN MADE OR NEGLIGENCE ALLEGED AGAINST YOU? YES NO

ARE YOU AWARE OF ANY CIRCUMSTANCES, WHICH MAY GIVE RISE TO CLAIMS AGAINST YOU? YES NO

If the answer to either question is YES please attach further particulars

GROSS INCOME IN LAST 12 MONTHS FROM RIDING? \$

ESTIMATED GROSS INCOME FOR NEXT 12 MONTHS FROM RIDING? \$

GROSS INCOME IN LAST 12 MONTHS FROM NON RACING SOURCES? \$.....

DECLARATION AND SIGNATURE

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts.

I agree that this Proposal, together with any other information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform TIO of any material alteration to these facts whether occurring before or after completion of such contract of insurance.

I acknowledge that I have read and understood the Notice to Insured on the first page of this proposal.

Proposer's Signature: Date:.....

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 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 81E <http://www.australianracingboard.com.au/rules>

To allow your applications to be assessed in a timely manner riders who are currently taking medication; anticipate taking medication during the 2011/12 season or who have taken medication over the past 3 months, whereby;

- a) The side affects, actual or potential, of the medication are such that they could interfere with the rider's physical capability, judgement, coordination or alertness (e.g. 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 (e.g. insulin dependent diabetes)
- c) The therapeutic effect of the medication may put a rider at risk if they suffer from a racing accident (e.g. warfarin)

Should obtain a report from their treating specialist advising;

- (i) The nature of the illness, condition or ailment being suffered by the rider
- (ii) That the medication would not affect the rider in a race, trial or track work to the extent that it could in any way constitute a danger to the rider or other riders
- (iii) The effect of the medication on safety critical activities and judgement
- (iv) That the therapeutic effect of the medication will not put the rider at greater risk if they suffer from a racing accident
- (v) The dosage of the medication prescribed

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 PRA 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 PRA's licensing authority may also request further information from a riders medical practitioner in relation to any medication not described above if considered necessary.

Introduction to the Examining Doctor Standards of Fitness to Ride

OVERVIEW OF THE MEDICAL REQUIREMENTS OF A JOCKEY, APPRENTICE JOCKEY OR APPROVED RIDER

Persons granted a licence or permit to ride as a jockey; apprentice jockey or approved rider must be physically fit generally and be able to withstand the rigors particularly associated with the riding in races.

PARTICULAR PHYSICAL REQUIREMENTS

Without limiting the generality of the requirements for general physical fitness, an applicant for a rider's licence or permit must be physically and psychologically fit to meet the following requirements;

- a) Jockeys, apprentice jockeys and approved riders must necessarily maintain their weight below the maximum allowable weight which may be carried by the horse which they are engaged to ride.
- b) In conducting a medical examination it is important to be aware that jockeys, apprentice jockeys and approved riders must maintain a minimum weight and that some jockeys, apprentice jockeys and approved riders may engage in a variety of activities intended to reduce and maintain their weight including fasting, wasting, exercise, use of medication, taking of saunas and in some cases other extreme measures.
- c) Riding in races places considerable physical strain on areas of a jockey's, apprentice jockey's and approved rider's body including in particular pressure on joints and muscles in the lower back, neck, hip, knee and ankle joints and the major leg and arm muscles.
- d) A high level of aerobic fitness is essential to safely carry out the task of riding.
- e) For jockeys, apprentice jockeys and approved riders the risk of a fall is ever present. Research has shown that on average a licenced jockey will have one fall per 240 races and of those 27% will result in an injury.
- f) Jockeys, apprentice jockeys and approved riders are required to wear silks of various colours and patterns and judge the distance between their mounts and their fellow riders mounts. Therefore there are medical standards recommended for vision.
- g) During the course of a race, fellow jockeys, apprentice jockeys and approved riders may call out to others to alert them of their position or presence and the imminence of danger. Good hearing is an essential requirement for jockeys, apprentice jockeys and approved riders.

FURTHER EXAMINATION

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

As the recent Waterfall train accident has highlighted it is important to apply strict relevant medical standards for participation in race riding.

http://www.mja.com.au/public/issues/184_03_060206/hoc10807_fm.html

The complete document 'Medical Standards for Fitness to Ride' is available on (*website to be added*).

A brief summary of the major areas of concerns follows.

If the examining doctor has any queries at the time of the examination s/he may contact the National Medical Officer, Dr Caron Jander caronjander@gmail.com.

MEDICATION – Reference AR 81E <http://www.australianracingboard.com.au/rules>

The common 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 Medical Standards for epilepsy are broadly in line with the British **DVLA Medical Standards of Fitness to Drive- Group 2** (VOC-LGV/PCV-September 2009) <http://www.dft.gov.uk/dvla/medical/ataglance.aspx> (fit free for 10 years, off all anti-convulsant medication for 10 years and having no further susceptibility 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 **35dBA** 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 pain free 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, back slab, fibreglass support, prosthesis, harness or similar appliance.

Fractures of the skull, fractures of the spine and discal herniation are of particular concern and these may be required to attend an independent medical review.

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, debilitation 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 fields defects and diplopia are not acceptable.

In all cases there will be 4 possible outcomes of the fitness to ride medical examination, these are:

1. Jockey deemed to be fit (***A-Acceptable condition***)
2. Jockey deemed to be fit (***A- with the following restrictions or accommodations eg contact lenses***)
3. Jockeys deemed to have a medical condition for which further medical information or testing is required. (***D-Deferred***) The required information will be requested by the GP and then if required discussed with NMO, there may be situations and cases where restrictions on riding may be advisable, these may be temporary or permanent.
4. Jockey found to have a medical condition which is not compatible with safe race riding; (***R-Refused***)
 - a. Due to risk of deterioration of the condition with race riding.
 - b. The condition requires medication/treatment that may impact on the jockey's ability to ride safely.
 - c. The medical condition could cause a sudden incapacity of the jockey during riding.
 - d. The medical condition cannot be safely accommodated during riding thus placing the health and safety of jockey, fellow jockeys, horses and racecourse staff at risk.

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

Dr Caron Jander
National Medical Officer
Australian Racing Board Limited
Level 7, 51 Druitt Street
Sydney NSW 2000
E: caronjander@gmail.com
M: 0439 971 102

SECTION 1:

APPLICANT TO COMPLETE: Please clearly PRINT all information

- Jockey Licence
- Apprentice Jockey Permit
- Approved Riders
- Stable hands – track work riders

| | |
|----------------------|--|
| APPLICANT SURNAME: | |
| APPLICANT NAME: | |
| DATE OF BIRTH: | |
| CURRENT ADDRESS: | |
| POST CODE: | |
| HOME TELEPHONE: | |
| WORK PHONE: | |
| MOBILE: | |
| EMAIL: | |
| EMERGENCY CONTACT 1: | |
| RELATIONSHIP TO YOU: | |
| CONTACT NUMBER: | |
| EMAIL: | |
| EMERGENCY CONTACT 2: | |
| RELATIONSHIP TO YOU: | |
| CONTACT NUMBER: | |
| EMAIL: | |

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

- Yes No

If yes please provide the following information:

| | |
|----------------------------------|--|
| Date of refusal or deferment: | |
| Date of re-instatement: | |
| Reason for refusal or deferment: | |

Have you ever had their driving licence revoked or suspended for a medical reason?

Yes No

If so please state the date (s) and reason:

| |
|--|
| |
|--|

DECLARATION:

I declare that the information which I have set out in this application is truthful and I understand that if I make a false declaration I am liable to refusal or cancellation of my licence.

Furthermore, I authorise the examining doctor to make this acquired information relating to my health available to the appropriate officials of _____.

| | |
|----------------------|------------------------------|
| APPLICANT SIGNATURE: | WITNESS SIGNATURE: |
| DATE: | WITNESS NAME (Please print): |

The area below should be used if space above is insufficient. Also add any additional information concerning injury or illness after initial medical examination. Identify your remarks by the question number:

.....

.....

.....

.....

.....

.....

.....

SECTION 2: MEDICAL HISTORY

THIS FORM MUST BE COMPLETED BY THE EXAMINING DOCTOR

(Where possible please review past medical records)

Surname: First Name: DOB:

Photographic proof of identity type: No:

Witnessed by:

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

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

3. Family History – is there any family history of disease or illness?

(Diabetes, Cardio-vascular Disease, High Blood Pressure, Lipid Disorders etc.)

.....
.....

4. Social History

Does the applicant smoke yes/no 0-5 5-10..... >10.....a week

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 (track work, racing etc) | Outcome |
|-------|--|---------|
| | | |
| | | |
| | | |
| | | |

8. Other investigations – MRI, EEG, X-Rays etc. (not mentioned above)

| Date | Diagnosis | Outcome |
|-------|-----------|---------|
| | | |
| | | |

9. Has the applicant ever suffered from:

| | No | Yes | Details |
|---|--------------------------|--------------------------|---------|
| Anxiety, Nervous or Mental Disease | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | |
| Anaemia or haematological disorders | <input type="checkbox"/> | <input type="checkbox"/> | |

10. Is this applicant currently on any medication or supplements? Yes/no

List.....

11. List all medications prescribes in the last 12 months for more than 14 days (excl contraceptive medication)

.....

12. Date of last Tetanus Immunisation/...../.....

13. Have you ever made a claim on Workers Compensation? Yes / No

If yes, give details.....

SECTION 3: MEDICAL EXAMINATION

TO BE COMPLETED BY THE EXAMINING DOCTOR

Surname: First Name: Sex: M / F AGE ...
 Height: Weight: BMI:%
 Blood Pressure..... if >140/90 repeat

VISUAL ACUITY (**uncorrected** must be measured in EVERY case)

| | Uncorrected | Corrected |
|-----------|--------------------|------------------|
| Right Eye | 6/ | 6/ |
| Left Eye | 6/ | 6/ |
| Both Eyes | 6/ | 6/ |

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

CARDIO VASCULAR SYSTEM Normal / Abnormal
 Pulse Rate (at rest) (State rate please)
 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

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

OTHER Normal / Abnormal
 Thyroid
 Lymph Glands

HEARING – conversation voice at 2.5 meters binaural (if abnormal a formal audiogram may be required)

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

SECTION 4: MEDICAL SUMMARY
TO BE COMPLETED BY THE EXAMINING DOCTOR

A) Does the applicant suffer from any condition that is/are currently active?

Yes No Not applicable

| Active Condition | Expected Recovery Time |
|------------------|------------------------|
| | |

B) Did you consider if necessary to contact the treating doctor to confirm or discuss the medical history or condition?

Yes No Name of treating doctor: _____

If successful, please note outcome:

Treating doctor confirmed the history

Treating doctor provided significant new information (place details in box below)

Did you contact the National Medical Officer? Yes No

| |
|-----------------------|
| <p>Details</p> |
|-----------------------|

C) After considering the history, examination and other information, does the applicant have an increased risk of either developing, aggravating or suffering from a recurrence of any condition in the future while racing thoroughbred horses (compared with the general population?)

Yes No

If yes, please list these conditions below and comment if required:

| |
|--|
| |
|--|

D) Where a condition is active, is it possible that the condition may improve during the next 6 weeks to allow the condition to become inactive or well controlled?

Yes No Not applicable

If yes, what intervention or assessment would be necessary to achieve this and what action, if any, have you taken to confirm (i.e. applicant needs to attend G.P, specialist, optometrist, etc?)

E) If applicable, was it necessary to refer the applicant to their GP for follow up of a possible condition i.e. blood pressure, hematuria?

Yes No If yes, please provide details below

F) Report completion:

- Report Complete, No follow up. (Fax full report to the PRA licensing officer) Immediately after consultation
- Additional information requested. Complete Additional Information Requested box below and fax full report immediately after consultation, Forward additional information separately when available

SECTION 5: SUMMARY STATEMENT

I _____, have today personally examined
 _____ (the applicant), DOB: _____ in accordance with the
 National Medical Standards* and hereby declare that s/he is:

- deemed to be fit (***A-Acceptable condition***)
- deemed to be fit (***A- with the following restrictions or accommodations eg contact lenses***)

- deemed to have a medical condition for which further medical information or testing is
 required. (***D-Deferred***)
- found to have a medical condition which is not compatible with safe race riding; (***R-
 Refused***)

Please note that before signing this form, medical practitioners must confirm positive findings noted by the applicant on this form which may impact safe riding and racing i.e. back problems, knee problems etc.

The doctor is required to provide noted in point form to confirming the date, severity, duration, impact on employment and function for each potentially significant condition.

- I confirm that I have provided the above information for all relevant condition

 Medical Examiner's Stamp/Name

 Medical Examiner's Signature

Telephone Number:

Date:

Medical Examiners Note:

| OFFICE USE ONLY | | |
|-----------------|------|----------|
| Approved | Date | Comments |
| | | |

SECTION 6: ADDITIONAL INFORMATION

Only complete this section if you have requested further information to complete assessment e.g. letter from GP, specialist report, BP readings, test results etc.
Please note the anticipated time required to receive this information.

Name of Applicant: _____ DOB: _____

| Additional Information Requested | Expected Delay |
|----------------------------------|----------------|
| | |

- At the completion of the medical examination, please fax the full report to the PRA Licensing Officer
- When the additional information is available please fax this page (only) to the PRA Licensing Officer
 - With additional information inserted below
 - With any other additional medical information including letters or reports attached

| Additional Information |
|------------------------|
| |

A copy of the entire document must be retained by examining doctor for his/her medical records.

Medical Examiner's Stamp/Name

Medical Examiner's Signature

Telephone Number:

Date:

Medical Examiners Note:

| OFFICE USE ONLY | | |
|-----------------|------|----------|
| Approved | Date | Comments |
| | | |