



## Applicant Information

### 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 142 <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 licencing 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. See page 2

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.

## Prohibited / Banned Substance

The following is a guide to banned substances which also includes “drugs of abuse”

lysergic acid diethylamide (LSD) (0µg/L);

all barbiturates (0µg/L);

all Cannabinoids, including but not limited to:

(i) 11-Nor-delta-9-tetrahydrocannabinol-9-carboxylic acid (15ug/L);

(ii) synthetic cannabinoid analogues and/or their metabolites (such as JWH-018, JWH-073 and HU-210).

all diuretics (0µg/L);

probenecid (0µg/L);

alcohol (at a blood alcohol concentration in excess of 0.02% (that is, 20 milligrams of alcohol in every 100 millilitres of blood) on a breath analysing instrument);

all stimulants, including but not limited to:

amphetamine (150µg/L); methylamphetamine (150µg/L); methylenedioxyamphetamine (MDA) (150µg/L);

methylenedioxyethylamphetamine (MDEA) (150µg/L);

methylenedioxymethylamphetamine (MDMA) (150µg/L); methylphenidate (0µg/L); modafinil (0µg/L);

cocaine (100µg/L); ephedrine (10,000µg/L);

(Stimulants which are specifically excluded are: levo-amphetamine; levo-methylamphetamine; phenylpropanolamine; pseudoephedrine.)

all anorectics, including but not limited to: phentermine (500µg/L); diethylpropion (0µg/L);

sibutramine (0µg/L).

all opiates and opioids, including, but not limited to: morphine (0µg/L, save as specified in subrule (2));

codeine (0µg/L, save as specified in subrule (2)); oxycodone (0µg/L); fentanyl (0µg/L);

alfentanil (0µg/L); pethidine (0µg/L); methadone (0µg/L); heroin (0µg/L); monoacetylmorphine (0µg/L);

hydromorphone (0µg/L); buprenorphine (0µg/L).

(Opiates and opioids which are specifically excluded are: dihydrocodeine; dextromethorphan; pholcodine; propoxyphene; tramadol.)

all dissociative anaesthetics and related substances, including but not limited to: ketamine (0µg/L);

phencyclidine (0µg/L); tiletamine (0µg/L).

gamma-hydroxybutyrate (GHB) and pro-drugs of GHB (1,4-butanediol: gammabutyrolactone) (10,000µg/L);

benzylpiperazine (500 µg/L) and phenylpiperazine (0µg/L) and their derivatives (0µg/L); tryptamine derivatives (0µg/L), (e.g. dimethyltryptamine; alphamethyltryptamine; hydroxydimethyltryptamine and related substances);

all benzodiazepines, including but not limited to: diazepam (200µg/L); nordiazepam (200µg/L);

oxazepam (200µg/L); temazepam (200µg/L); alprazolam (100µg/L, as alpha-hydroxyalprazolam);

clonazepam (100µg/L, as 7-aminoclonazepam); flunitrazepam (100 µg/L, as 7-aminoflunitrazepam);

nitrazepam (100µg/L, as 7-aminonitrazepam); bromazepam (0µg/L); clobazam (0µg/L); flumazenil

(0µg/L); lorazepam (0µg/L); midazolam (0µg/L); triazolam (0µg/L); and substances with similar structure or pharmacological activity – benzodiazepine receptor agonists (zalplon; zolpidem; zopiclone).

## NOTE

TRNT recognises that some medications which may fall into the above categories are essential for the treatment of illness, condition or ailment suffered by the applicant.

Where such medication is prescribed to the applicant by a medical practitioner permission must be sort from the TRNT stewards to be able to carry out the duties required under the licence.

## Information for the examining Doctor

### Standards of Fitness To Ride

#### **OVERVIEW OF THE MEDICAL REQUIREMENTS OF A JOCKEY, APPRENTICE JOCKEY, APPROVED RIDER or TRACKRIDER**

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

#### **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, trials and trackwork, places considerable physical strain on areas of a rider's body including in particular pressure on joints and muscles in the lower back, neck, hip, knee and ankle 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 jockey, approved riders and trackriders 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, trial or trackwork fellow 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, approved riders and trackriders.

#### **FURTHER EXAMINATION**

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

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

[http://www.mja.com.au/public/issues/184\\_03\\_060206/hoc10807\\_fm.html](http://www.mja.com.au/public/issues/184_03_060206/hoc10807_fm.html)

A brief summary of the major areas of concerns follows.

**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. Rider deemed to be fit (**A-Acceptable condition**)
2. Rider deemed to be fit (**A- with the following restrictions or accommodations eg contact lenses**)
3. Rider 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 AMO, there may be situations and cases where restrictions on riding may be advisable, these may be temporary or permanent.
4. Rider found to have a medical condition which is not compatible with safe riding; (**R-Refused**)
  - a. Due to risk of deterioration of the condition with riding.
  - b. The condition requires medication/treatment that may impact on the riders ability to ride safely.
  - c. The medical condition could cause a sudden incapacity of the rider during riding.
  - d. The medical condition cannot be safely accommodated during riding thus placing the health and safety of rider, fellow riders, horses and racecourse staff at risk.

## SECTION 1:

**APPLICANT TO COMPLETE:** Please clearly PRINT all information

- Jockey Licence
- Apprentice Jockey Permit
- Trainer / Foreperson
- Stable Employee – 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:

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**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 prescribed 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

Details

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