



## **JOCKEY | APPLICANT MEDICAL EXAMINATION REPORT 2023 | 2024**

### **INFORMATION FOR APPLICANT JOCKEYS – PLEASE KEEP THIS PAGE**

#### **ALL VICTORIAN JOCKEYS | APPLICANTS MUST BE ASSESSED MEDICALLY FIT:**

- (a) prior to commencing the skills assessment element of the Jockey | Applicant licence application process (jump outs and official trials); and
- (b) prior to renewal of their Jockey | Applicant licence on an annual basis, yearly.

**Recommendation to Racing Victoria for medical fitness may be made once the Racing Victoria Chief Medical Officer (RVCMO) has reviewed this Medical Examination Report. The Jockey | Applicant must:**

- (a) complete this Jockey | Applicant Medical Examination Report, in its entirety; and
- (b) upon reasonable request from the RVCMO:
  - i. provide additional health information including medical reports or specialist examination(s) as the RVCMO deems appropriate; and
  - ii. complete of a further Jockey | Applicant Medical Examination Report, at any time.

#### **THE JOCKEY | APPLICANT MEDICAL EXAMINATION REPORT:**

All Victorian licensed Jockeys | Applicants must be confirmed medically fit prior to commencing the skills assessment element of the jockey licence application process (jump outs and official trials) and prior to renewal of their licence each year.

Satisfactory medical fitness is achieved once the applicant has fulfilled the requirements outlined within the Jockey | Applicant Medical Examination Report and the Racing Victoria Chief Medical Officer (CMO) has approved the completed Medical. The CMO may request additional health information, including medical reports or specialist examination(s) as appropriate. Further, the CMO may request completion of a Medical at any time.

For all jockeys the Medical should be completed through the applicant's treating general practitioner (GP). If, during the evaluation, it becomes evident that further investigation or treatment is necessary this should be completed in conjunction with a recommended specialist practitioner and/or the CMO. On completing the Medical, the GP must sign that they 'found nothing unfavourable in the applicant's history or examination'. The GP can make notes for consideration by the CMO. The CMO will then make a recommendation to Racing Victoria on the medical fitness of the Jockey | Applicant following consideration of all relevant factors and may recommend referral for complex medical cases.

### **PROCESS OF FILLING OUT JOCKEY | APPLICANT MEDICAL EXAMINATION REPORT**

**PART A | JOCKEY | APPLICANT LICENCE PERSONAL INFORMATION – TO BE COMPLETED BY THE JOCKEY | APPLICANT**

**PART B | JOCKEY | APPLICANT LICENCE MEDICAL INFORMATION – TO BE COMPLETED BY THE JOCKEY | APPLICANT**

**PART C | JOCKEY | APPLICANT LICENCE MEDICAL EXAMINATION – TO BE COMPLETED BY THE JOCKEY | APPLICANT'S GP OR AT A RV RACE DAY DOCTOR CLINIC**



**All Jockey | Applicant's aged of 45 and over** are required to have a baseline blood test work up, ECG and Calcium score (**Required Tests**) as part of their Medical Examination Report every five years, unless the Jockey | Applicant is directed by the RVCMO to specifically have one, or all, the Required Tests on a more frequent basis. If the Required Tests have not been conducted as part of the Jockey | Applicant Medical Examination Report in the past five years, they will need to be conducted as part of the Jockey | Applicant Medical Examination Report for the 2023/2024 season. The RVCMO may complete or request additional investigations including the Required Tests, exercise stress testing, MRI and cognitive neuropsychological testing as required, to consider the Jockey | Applicant's medical fitness.

**IF THERE ARE ANY THERE ARE ANY CHANGES IN YOUR MEDICAL CONDITIONS, PHYSICAL HEALTH, MENTAL HEALTH, OR MEDICATION FOLLOWING YOUR SUBMISSION OF THE INFORMATION ON THIS JOCKEY | APPLICANT MEDICAL EXAMINATION REPORT, YOU MUST ADVISE THE RVCMO OF THESE CHANGES AT THE EARLIEST AVAILABLE OPPORTUNITY. THIS INCLUDES BUT IS NOT LIMITED TO:**

- (a) any significant injury (e.g., concussion or fracture) from racing or other incident(s) (e.g., road traffic accident or sporting accident);
- (b) any significant illness (e.g., cancer or hepatitis); and/or
- (c) the introduction of, or changes to, any medication or supplements that could in any way affect your fitness.

Following any form of surgery, a Jockey must obtain medical clearance from their treating specialist physician or surgeon in writing before returning to ride. After open abdominal surgery, the Jockey | Applicant would normally be expected to wait 12-16 weeks before applying for a licence or returning to ride and may need to complete another Jockey | Applicant Medical Examination Report if directed to do so by the RVCMO.

**If you are seeking an exemption under AR142** (which relates to permission to receive a specified banned substance) **correspondence for your treating physician or specialist** must be attached to the Jockey | Applicant Medical Examination Report for review by the RVCMO.

***This Jockey | Applicant Medical Examination Report is a LEGAL DOCUMENT. All Jockey / Applicants for the 2023 / 2024 must complete Parts A and B of the attached Report in their own handwriting. The document can be delivered to the RV Compliance and Regulation Unit or be electronically submitted via email to [cru@racingvictoria.net.au](mailto:cru@racingvictoria.net.au)***

**ALL JOCKEY | APPLICANTS MUST RETAIN A COPY OF THE ORIGINAL MEDICAL EXAMINATION REPORT AND MUST MAKE A COPY OF THE ORIGINAL DOCUMENT AVAILABLE UPON REQUEST TO THE RV COMPLIANCE AND REGULATION UNIT. IF THE ORIGINAL COPY IS NO LONGER AVAILABLE A FURTHER JOCKEY | APPLICANT MEDICAL EXAMINATION REPORT WILL NEED TO BE CONDUCTED.**

If you have any questions or queries, please contact any of the people listed below:

Name	Role	Contact No	Email Address
Dr Gary Zimmerman	RV CMO		<a href="mailto:rvcmo@gzsportsmedicine.com">rvcmo@gzsportsmedicine.com</a>
RACING VICTORIA	Josh Hare	03 9258 4294	<a href="mailto:cru@racingvictoria.net.au">cru@racingvictoria.net.au</a>

**Dr Gary Zimmerman**  
Racing Victoria Chief Medical Officer



**PART A JOCKEY | APPLICANT LICENCE PERSONAL INFORMATION**

**THIS SECTION IS TO BE COMPLETED IN THE HANDWRITING OF THE JOCKEY | APPLICANT**

**Personal Information**

Family Name:		D.O.B:	
Given Name(s):		Gender:	
Preferred Name:			
Home Address:			
Suburb		Post Code:	
Postal Address: <i>(Only if differs from above):</i>		Post Code:	
Contact Telephone:		Mobile:	
Email Address:			
Medicare Card Number:		Ref Number:	
Private Health Fund:		Member Number:	

**Emergency Contacts**

**Contact 1:**

Name:				Relationship:		
Address:						
Telephone:	Home:		Work:		Mobile:	

**Contact 2:**

Name:				Relationship:		
Address:						
Telephone:	Home:		Work:		Mobile:	

**Licence Refusal or Deferments**

Has the Jockey   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
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Has the Jockey   Applicant ever had a driving licence revoked or suspended for a medical reason?	YES		NO	
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Date	Reason
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Is this medical being conducted by your regular GP?	YES		NO	
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If no, why?	
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**PART B JOCKEY | APPLICANT MEDICAL INFORMATION**

**THIS SECTION IS TO BE COMPLETED IN THE HANDWRITING OF THE JOCKEY | APPLICANT**

Does the Jockey | Applicant have a history that includes a diagnosis or a medical history of any of the following? Please tick YES or NO and circle the relevant Condition | Injury | Illness.

Ref.	Condition   Injuries   Illnesses	YES	NO
1.	Nervous Disorder   Depressive Disorder   Anxiety Disorder   Nervous Breakdown   Mental or Emotional Instability	YES	NO
2.	Headaches   Migraines	YES	NO
3.	Seizures   Convulsions   Epilepsy   Unexplained Loss of Consciousness	YES	NO
4.	Lung   Chest Infections   Pneumonia   Bronchitis   Asthma   Tuberculosis	YES	NO
5.	Heart Disease   High +/- Low Blood Pressure   Rheumatic Fever   Angina	YES	NO
6.	Indigestion   Pain After Eating   Gastric or Duodenal Ulcers   Hiatus Hernia   Gall Bladder Disease   Recurrent Diarrhoea   Appendicitis	YES	NO
7.	Kidney or Bladder Problems   Cystitis	YES	NO
8.	Diabetes   Goitre   Thyroid Disease   Any Disease of the Lymphatic Glands	YES	NO
9.	Anaemia   Blood Disease	YES	NO
10.	Perforated Ear Drums   Deafness   Tinnitus   Ear Discharge or Blocked Ear	YES	NO
11.	Sinusitis   Hay Fever   Recurrent Frequent Head Colds   Blocked Nasal Passages   Allergies	YES	NO
12.	Back Injuries   Spinal Injuries   Neck Injuries   Pain or Arthritis	YES	NO
13.	Fractures   Dislocations	YES	NO
14.	Head Injuries   Strikes to Head during Sport   Strikes to Head during other Activities   Treatment or Hospitalisation for Head Injuries   Blackouts   Loss of Consciousness	YES	NO
15.	Skin Disease   Eczema   Dermatitis	YES	NO
16.	Speech Impairments or Defect	YES	NO
17.	Surgical Procedures   Hospital Admissions	YES	NO
18.	Any other illnesses or injuries not mentioned above in the last 12 months which interfered with or stopped you riding.	YES	NO
19.	Have you had any dental injuries in the previous licensing year relating to trackwork or raceday?	YES	NO



If you have answered 'YES' to any of the MEDICAL CONDITIONS | INJURIES | ILLNESSES listed in the above section PART B, please provide further details below in the "Details of Condition" and please ensure you provide the correct reference number.

Ref Number	Details of Condition

**Concussion / Sports Related Concussion**

Could you please list ALL previous Concussions / Sports Related Concussions that you have sustained and the period from the date of the concussion to the date when you were cleared to return to ride or engage in sport.

Date of Concussion / Sports Related Concussion	Date of return to ride or engage in sport

Do wear a mouthguard for trackwork, jump outs, barrier trials or	YES	NO
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<b>race day?</b> <i>(If yes, please advise if you use a custom fitted mouthguard made by your dentist or if you have an over-the-counter mouthguard, tick appropriate box)</i>	<b>DENTAL</b>	
	<b>GENERIC</b>	

<b>Do you smoke?</b> <i>(If yes, please provide the number of cigarettes or other tobacco products you smoke per day?).</i>	<b>YES</b>	<b>NO</b>

<b>Do you vape with an e-cigarette?</b> <i>(If yes, how many sessions per day would you use your e-cigarette, if yes, how many puffs would you have during an average session?).</i>	<b>YES</b>	<b>NO</b>

<b>Do you consume alcohol?</b> <i>(If yes, please provide the number of standard drinks per day.</i>	<b>YES</b>	<b>NO</b>

**Prescription Medication**

Could you please provide a specific list 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.

Medication	Dosage	Reason for Use	Prescribing Practitioner

**Medication Allergies**

Could you please provide a specific list of any oral, injectable, topical, prescription or over the counter medications or herbal preparations, vitamins, or supplements that you have previously had an allergic reaction to. Please outline what treatment clinical or otherwise that was used to counteract the reaction.

Medication	Reaction	Treatment for reaction.

<b>Date of last Tetanus Injection / Booster?</b>	
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## PRIVACY

- 1.1. Racing Victoria Limited (ACN 096 917 930) (**Racing Victoria**) is the Principal Racing Authority (**PRA**) governing thoroughbred racing in Victoria, and carries out the functions of:
  - determining and issuing occupational licences authorising persons to participate in the Victorian thoroughbred racing industry (**Licensed Persons**);
  - supervising Licensed Persons;
  - administering and promoting racing; and
  - such other functions as may be described in its privacy policy published on its website from time to time (**Privacy Policy**).
- 1.2. As set out in Section 6 (Privacy Statement) of your licence application or renewal, Racing Victoria is collecting your personal information (including sensitive information, such as health information) that you provide in this Medical Examination Report or under your licence's ongoing disclosure obligations (if applicable) for the purpose of:
  - considering and making determinations in relation to your licence application, renewal, or continuance;
  - meeting supervisory responsibilities in relation to you as a Licensed Person;
  - promoting or protecting the integrity of the thoroughbred racing code and ensuring compliance with the Rules of Racing;
  - administering and promoting racing operations (including your participation in races and the industry); and
  - any other function or activity described in our Privacy Policy.
- 1.3. If health information as described in this Medical Examination Report is not collected, Racing Victoria will not be able to ensure that persons granted a licence or permit to ride as a jockey, amateur, approved rider or apprentice jockey meet the necessary licence conditions, including that they are physically fit and are able to withstand the rigours associated with riding in races.
- 1.4. Racing Victoria will only disclose your health information were permitted by law (including under the *Workplace Injury Rehabilitation and Compensation Act 2013*) to the RVCMO or a medical practitioner nominated by the RVCMO (or their delegate).
- 1.5. The RVCMO may ask yourself or your next of kin / emergency contact to provide consent for the release of your health information to the Chief Medical Officer of a PRA outside of Victoria.
- 1.6. Your health information will be treated confidentially at all times and will not be disclosed to any third parties not listed above without your prior consent.
- 1.7. We otherwise use, disclose, and handle your personal information in accordance with our Privacy Policy available at <https://www.racingvictoria.com.au/privacy-policy>. If you are concerned about a possible interference with your privacy, please contact Racing Victoria's Privacy Officer at [privacyofficer@racingvictoria.net.au](mailto:privacyofficer@racingvictoria.net.au). Privacy complaints to Racing Victoria must be made in writing.



## **JOCKEY | APPLICANT LICENCE DECLARATION**

1. I consent to the RVCMO collecting my health information for the purposes of assessing my suitability to make a recommendation to RV as to whether I am medically fit.
2. I agree to provide all relevant health information regarding my prospective / current licence, including information from other medical practitioners as requested by the RVCMO.
3. If it is not reasonable and practicable for me to provide the health information, I authorise consent for the RVCMO 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 any medical reports as requested.
4. I understand that I can gain access to my health information that is collected by Racing Victoria.
5. I provide consent for the RVCMO to, at their discretion, discuss my health information to Jamie McGuinness Executive General Manager - People, Infrastructure & Clubs, and if required external health service providers contracted to Racing Victoria, on a confidential basis.
6. I acknowledge that the information I have provided within this Medical Examination Report and any additional information requested by RV or the RVCMO (as the case may be) will be used and/or disclosed for the purposes of assessing my suitability to grant or retain a licence and otherwise in accordance with the Privacy section.
7. I declare that all information that I have provided within this Medical Examination Report and any attachments are true and correct and that I have not withheld any information that is relevant to this Medical Examination Report and my medical fitness.
8. I declare that I have not provided any false or misleading information in relation to this Medical Examination Report. I acknowledge that if I have provided any false or misleading information then I have failed to fulfil the standards necessary to obtain or renew my licence and I am liable to immediate cancellation or suspension of my licence.
9. I declare that if I should be diagnosed with any of the conditions listed within this medical examination report, or the circumstances of any of the listed conditions I currently have should change, then I agree to immediately consult with the RVCMO.
10. I acknowledge and agree that, if I am granted a licence, I will be subject to, and agree to abide by, the Rules of Racing, including but not limited to LR32B, LR34, AR111, AR112, AR136, AR139, and AR142, as amended from time to time, and that it is my responsibility to be aware of and comply with any changes to AR136.
11. I also provide consent for this *Applicant Declaration* (of Part B of this Medical Examination Report) to be provided to another Principal Racing Authority upon request if I accept rides outside of Victoria.

### **Authorisation**

***Applicant's Name***

***Witness Name***

***Applicant's Signature***

***Witness's Signature***

***Date***

***Date***





### PART C JOCKEY | APPLICANT MEDICAL EXAMINATION

THIS SECTION IS TO BE FILLED IN BY THE MEDICAL PRACTITIONER CONDUCTING THE EXAMINATION. NO APPLICANT OR THIRD PARTY IS TO FILL IN ANY SECTIONS OF PART C. IF IT IS IDENTIFIED THIS HAS OCCURRED PART C WILL BE CLASSIFIED AS AN INCOMPLETE JOCKEY | APPLICANT MEDICAL EXAMINATION.

#### Applicant Details

Family Name:		D.O.B:	
Given Name(s):		Gender	
Preferred Name:		F	M
Photographic Proof of Identity:			
Witnessed by:	Name:		
Current Age:	Height:	Weight:	B.M.I:

#### Examining Doctors Details

Doctors Name:		Provider Details:	
Practice Address:			

#### Examining Doctors Review of Part B

Please refer to Part B Medical Information completed by the applicant and confirm and or provide further details

Ref Number	Details of Condition

Date of last Tetanus Injection / Booster:	
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## Family History

Please detail family history of illness or disease i.e., Diabetes, Cardio-vascular disease, high blood pressure, Lipid Disorders etcetera.

Family History

## Medical Examination

**THE APPLICANT MUST PROVIDE A SPECIFIC LIST OF ALL MEDICATIONS THAT THEY ARE CURRENTLY TAKING, INCLUDING BUT NOT LIMITED TO PRESCRIPTION MEDICATIONS, ALTERNATIVE MEDICATIONS AND OVER THE COUNTER MEDICATIONS. THIS INCLUDES ANY HERBAL PREPARATIONS, VITAMINS OR SUPPLEMENTS YOU USE OR HAVE USED WHETHER PRESCRIBED OR OTHERWISE.**

### 1. Medication Record

It is extremely important to have a comprehensive list of any medications that the applicant is taking or has recently taken for the following reasons.

- The therapeutic effect of the medication may put a rider at risk when he/she falls (e.g., warfarin).
- 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).
- 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)

Medication	Dosage	Reason for Use	Prescribing Practitioner



## 2. Medication Allergies

Please provide a comprehensive list of any oral, injectable, topical, prescription or over the counter medications or herbal preparations, vitamins, or supplements that you have previously had an allergic reaction to. Please outline what treatment clinical or otherwise that was used to counteract the reaction

Medication	Reaction	Treatment for Reaction

## 3. Eyes & Visual Acuity

Corrective lenses are acceptable if these are soft contact lenses. The minimum requirements with or without corrective lenses are 'good eye' 6/9 or better, 'worse eye' 6/18 or better.

**PLEASE TICK YES OR NO.**

1.	Lids and Cornea – Normal	<b>YES</b>		<b>NO</b>		
2.	Visual Acuity for Distance	Right		Left		
	Uncorrected	6 /		6 /		
	Corrected	6 /		6 /		
	Movement – Normal	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	
	Fields (Confrontation test) – Normal	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	
	Are contact lenses or spectacles worn?	<b>YES</b>		<b>NO</b>		
3.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Monocular vision	<b>YES</b>		<b>NO</b>		
	b. Visual field defect – (homonymous hemianopia, bilateral glaucoma, bilateral cataract, bilateral retinopathy etc.)	<b>YES</b>		<b>NO</b>		
	c. Diplopia	<b>YES</b>		<b>NO</b>		
	d. Colour blindness	<b>YES</b>		<b>NO</b>		
	e. Retinal detachment	<b>YES</b>		<b>NO</b>		



## 4. Cardiovascular System

1.	Pulse rhythm and Character – Normal?	<b>YES</b>		<b>NO</b>		
2.	Heart sounds – Normal?	<b>YES</b>		<b>NO</b>		
3.	Pulse rate – BPM – Normal?	<b>YES</b>		<b>NO</b>		
4.	Peripheral pulses – Normal?	<b>YES</b>		<b>NO</b>		
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 5 minutes					
7.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Ischaemic heart disease/angina	<b>YES</b>		<b>NO</b>		
	b. Heart failure	<b>YES</b>		<b>NO</b>		
	c. Myocardial infarction	<b>YES</b>		<b>NO</b>		
	d. By-pass grafting	<b>YES</b>		<b>NO</b>		
	e. Angioplasty	<b>YES</b>		<b>NO</b>		
	f. Cardiac transplant	<b>YES</b>		<b>NO</b>		
	g. Hypertension	<b>YES</b>		<b>NO</b>		
	h. Dysrhythmias	<b>YES</b>		<b>NO</b>		
	i. Pacemakers	<b>YES</b>		<b>NO</b>		
	j. Cardiac valvular disease	<b>YES</b>		<b>NO</b>		
	k. Cardiomyopathies	<b>YES</b>		<b>NO</b>		
	l. Congenital heart disease	<b>YES</b>		<b>NO</b>		
	m. Marfan syndrome	<b>YES</b>		<b>NO</b>		
	n. Treatment with anticoagulants	<b>YES</b>		<b>NO</b>		
	o. Peripheral vascular disease	<b>YES</b>		<b>NO</b>		
	p. Chronic pericarditis	<b>YES</b>		<b>NO</b>		
	q. Aneurysm	<b>YES</b>		<b>NO</b>		



## 5. Respiratory System

Asthma controlled with inhalers is not normally a concern. Applicants required to take oral steroids or who are severely debilitated by their condition will be required to attend a consultant for a full review. If there is a history of asthma or abnormal respiratory history / examination, then a spirometer is required.

1.	Respiratory system – Normal?	YES		NO		
2.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Asthma	YES		NO		
	b. Chronic obstructive airway disease (COAD)	YES		NO		
	c. Spontaneous pneumothorax – single episode	YES		NO		
	d. Spontaneous pneumothorax – recurrent episode	YES		NO		
	e. Emphysema	YES		NO		
	f. Respiratory disease affecting performance	YES		NO		

## 6. Musculoskeletal System

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. Fracture of the skull, fractures of the spine and disc injuries are of particular concern and these applicants may be required to attend for examination by a Racing Victoria Medical Consultant.

1.	Spinal Function – Normal?	YES		NO		
2.	Strength and range of movement in upper or lower extremities – Normal?	YES		NO		
3.	Joints – Normal?	YES		NO		
4.	Limbs – Normal?	YES		NO		
5.	Any orthopaedic appliances worn?	YES		NO		
6.	Grip Strength – Normal?	YES		NO		
7.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Loss of digit	YES		NO		
	b. Fractures	YES		NO		
	c. Fracture of the skull and spine	YES		NO		
	d. Dislocation of the Acromion-clavicular (A/C joint)	YES		NO		
	e. Dislocation or subluxed shoulder	YES		NO		
	f. Rheumatoid arthritis	YES		NO		
	g. Spondylolisthesis	YES		NO		
	h. Disc injury	YES		NO		
	i. Joint replacement	YES		NO		
	j. Internal metal fixation	YES		NO		



## 7. Neurological Disorders

### CONVULSIONS

Racing Victoria 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.

1	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>				
a.	Chronic migraine	<b>YES</b>		<b>NO</b>	
b.	Chronic neurological disorders (Parkinson's disease, multiple sclerosis, etc.)	<b>YES</b>		<b>NO</b>	
c.	Chronic Meniere's, vertigo or labyrinthitis	<b>YES</b>		<b>NO</b>	
d.	Cerebrovascular disease	<b>YES</b>		<b>NO</b>	
e.	Meningitis	<b>YES</b>		<b>NO</b>	
f.	Intracranial aneurysm	<b>YES</b>		<b>NO</b>	
g.	A-V malformation after a bleed	<b>YES</b>		<b>NO</b>	
h.	Narcolepsy	<b>YES</b>		<b>NO</b>	
i.	Unexplained loss of consciousness	<b>YES</b>		<b>NO</b>	
j.	Treatment with anticoagulants	<b>YES</b>		<b>NO</b>	
k.	Sub-arachnoid haemorrhage (see Epilepsy /single seizure)	<b>YES</b>		<b>NO</b>	
l.	Intracranial haematoma (see Epilepsy /single seizure)	<b>YES</b>		<b>NO</b>	
m.	Serious head injury (See Epilepsy /single seizure)	<b>YES</b>		<b>NO</b>	
n.	Craniotomy / burr hole surgery. Following any cranial fracture or surgery the integrity and / or strength of the skull <b>must not</b> be significantly compromised	<b>YES</b>		<b>NO</b>	
o.	Has the applicant ever experienced a convulsion?	<b>YES</b>		<b>NO</b>	
p.	Epilepsy single seizure: <ul style="list-style-type: none"> <li>Following acute head injury or intracranial surgery. An applicant may be reviewed after a minimum of 12 months provided, he or she has been without all anti-epileptic medication and has been free of fits during that period.</li> </ul>	<b>YES</b>		<b>NO</b>	
q.	Epilepsy: <ul style="list-style-type: none"> <li>Applicant has been free of epileptic attack for at least 10 years</li> <li>Applicant has not taken any epileptic medications during this 10 year period</li> <li>Applicant does not have a continuing liability to epileptic seizures.</li> </ul>	<b>YES</b>		<b>NO</b>	



## 8. Hearing, Ears, and Nose

Hearing should be within the range 500 – 2000 c/second there must be no hearing loss greater than 35 Dba in either ear.

1.	Nose – Normal	YES		NO		
2.	Ears	Right		Left		
	External auditory canal – Normal	Y	N	Y	N	
	Tympanic membrane – Normal	Y	N	Y	N	
	Conversational voice @ 2.5 metres binaural – Normal	Y	N	Y	N	
	Fields (Confrontation test) – Normal	Y	N	Y	N	
3.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Bilateral total deafness	YES		NO		
	b. One side total deafness with contralateral air bone conduction loss greater than 35 dBA	YES		NO		
	c. Any disorder in the eardrum leading to a binaural hearing loss greater than 35 dBA	YES		NO		
	d. Acute infection	YES		NO		
	e. Perforated eardrum	YES		NO		
	f. Chronic suppurating otitis media	YES		NO		
	g. Otosclerosis	YES		NO		
	h. Ear Prosthesis	YES		NO		

## 9. Endocrine and Metabolic Disorders

1.	Does the applicant have a medical history that includes diabetes?	YES		NO		
2.	<b>If the applicant is diabetic, is he/she? PLEASE TICK YES OR NO.</b>					
	a. Insulin dependent	YES		NO		
	b. Requiring oral medication	YES		NO		
	c. Controlling the diabetes by diet	YES		NO		
3.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Thyroid disease	YES		NO		
	b. Diabetes insipidus	YES		NO		
	c. Adrenal disorders	YES		NO		



## 10. Digestive System, Gastrointestinal and Abdominal Disorders

1.	Oropharynx – Normal?	YES		NO		
2.	Spleen – Normal?	YES		NO		
3.	Liver – Normal?	YES		NO		
4.	Other abdominal organs – Normal?	YES		NO		
5.	Is hernia present?	YES		NO		
6.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Acute gastric erosion	YES		NO		
	b. Chronic gastritis	YES		NO		
	c. Active peptic ulcer	YES		NO		
	d. Hiatus hernia	YES		NO		
	e. Inguinal hernia	YES		NO		
	f. Haemorrhoids, anal fissure, fistulae	YES		NO		
	g. Colostomy, ileostomy	YES		NO		
	h. Colitis (ulcerative or Crohn's)	YES		NO		
	i. Cirrhosis	YES		NO		
	j. Chronic pancreatic	YES		NO		
	k. Chronic active hepatitis	YES		NO		

## 11. Genitourinary and Renal Disorders

1.	Urine Test					
	a. Glucose – Normal?	YES		NO		
	b. Albumin – Normal?	YES		NO		
	c. Blood – Normal?	YES		NO		
	d. Other abnormalities?	YES		NO		
2.	Testes – any abnormality affecting fitness?	YES		NO		
3.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Chronic renal failure	YES		NO		
	b. Renal transplant	YES		NO		
	c. Nephritis	YES		NO		
	d. Kidney stones	YES		NO		
	e. Prostatitis	YES		NO		
	f. Single kidney or horseshoe kidney	YES		NO		





## 12. Skin

1.	Skin – Normal?	YES		NO		
2.	Any body marks or scars?					

## 13. 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 sign of paresis, tremor, or tics?	YES		NO		
6.	Is the applicant's speech normal?	YES		NO		

## 14. Infectious Disorders

1.	<b>Does the applicant have a medical history that includes any of the following? PLEASE TICK YES OR NO.</b>					
	a. Tuberculosis	YES		NO		
	b. Hepatitis	YES		NO		
	c. HIV positive	YES		NO		
	d. AIDS syndrome	YES		NO		
	e. COVID-19 (SARS CoV-2)	YES		NO		

## 15. Haematology

1.	Does the applicant have a medical history that includes any haemorrhagic disorders?	YES		NO		
2.	Are lymph glands normal?	YES		NO		

## 16. Dysmenorrhoea?

1.	Menorrhagia?					
2.	<b>Has the applicant been pregnant? If so, is she: PLEASE TICK YES OR NO.</b>					
	a. More than three months pregnant	YES		NO		
	b. Had a caesarean section in the past 16 weeks?	YES		NO		
4.	Has the applicant had a hysterectomy? If so, when?	YES		NO		

## 17. Neoplasia

1.	Does the applicant have a medical history that includes neoplasm?	YES		NO		
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## 18. Psychiatric Disorders

1.	Does the applicant have a medical history that includes any of the following?					
	a. Neuroses					
	b. Psychoses (manic depressive illness, schizophrenia)					
	c. Dementia (e.g., pre-senile, Alzheimer's disease)					
	d. Personality disorder (e.g., post head injury, psychopathic disorders)					
	e. Dependence (or chronic abuse) – alcohol, drugs, solvent					



# DECLARATION BY RVCMO

## Jockey Medical Examination

<b>Family Name:</b>		<b>D.O.B:</b>		<b>Weight</b>	
<b>Given Name(s):</b>				<b>Gender:</b>	
<b>Preferred Name:</b>					

I have today personally examined the above Jockey | Applicant in accordance with the requirements of the RV Jockey Medical Examination Report and hereby declare that:

	I have found nothing unfavourable in the applicant’s medical history, and / or the medical examination and I am declaring the Jockey   Applicant medically fit.	
	I have identified one or more sections of the Jockey   Applicant’s medical history and / or medical examination a condition/s that requires further investigation or treatment that will need to be provided prior to me being able to make a declaration on the status of whether the Jockey   Applicant is medically fit.	
	In my opinion, the Jockey   Applicant is not medically fit, and I will document those reasons in a confidential report to be submitted to Racing Victoria.	

Additional Information Requested	Expected Delay

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**RVCMO Name**

**RVCMO Signature**

**Date**

### PRIVACY

Racing Victoria Limited (ACN 096 917 930) is collecting your personal information provided on this Medical Examination Report for the purpose of processing a jockey’s licence application or renewal and/or to assess their medical fitness or ongoing medical fitness to ride. If you don’t provide your personal information, we may not be able to process their application or renewal, or deem them medically fit to ride, which may result in their request being delayed or refused.

We otherwise use, disclose, and handle your personal information in accordance with our Privacy Policy available at <https://www.racingvictoria.com.au/privacy-policy>. If you are concerned about a possible interference with your privacy, please contact Racing Victoria’s Privacy Officer at [privacyofficer@racingvictoria.net.au](mailto:privacyofficer@racingvictoria.net.au). Privacy complaints to Racing Victoria must be made in writing.