

JOCKEY MEDICAL REPORT FORM

(MEDICAL)

INFORMATION FOR JOCKEYS - Please keep this page

All Victorian licensed jockeys must be confirmed medically fit to ride 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 to ride is achieved once the applicant has fulfilled the requirements outlined within the Jockey Medical Report (Medical) 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 also has the opportunity to make notes for consideration by the CMO. The CMO will then make the final 'Fit to ride' decision following consideration of all relevant factors and may recommend referral for complex medical cases.

All jockeys over the age of 45 are required to have a baseline blood test work up, ECG and Calcium score completed as part of their Medical every five years unless medically required. If these tests were not conducted as part of the jockey's medical for the 2018/19 season they will need to be conducted as part of the Medical for the 2019/20 season. The RV CMO may complete or request additional investigations including blood tests, ECG, Calcium score, exercise stress testing, MRI and cognitive neuropsychological testing as required.

Applicants must disclose any Workcover impairment payouts on the Medical. Any applicant with a previous Workcover permanent impairment payout must satisfy RV of their recovery through CMO assessment and any CMO requested additional medical assessments and information.

It is important that this form is completed correctly and that any changes in your medical condition, health, or medication are advised to the CMO at your earliest opportunity. This includes any significant injury (e.g. concussion, fracture etc.) from racing or other incident(s) (e.g. road traffic accident, sporting accident etc.) or any significant illness (e.g. cancer, hepatitis etc.) as well as the introduction or changes to any medication or supplements that could in any way affect your fitness to race ride.

Following any form of surgery an applicant must obtain medical clearance from their treating specialist in writing before returning to ride. After open abdominal surgery, the applicant would normally be expected to wait 12-16 weeks before applying for a licence.

Supporting letters for permits under AR142, which relates to permission to receive a specified banned substance under specified conditions, must be attached to the annual Medical for review by the CMO.

Once completed this confidential medical form is to be returned to the Compliance and Regulation Unit, Racing Victoria, 400 Epsom Road, Flemington, VIC 3031. All health information will be collected and handled in accordance with the Health Privacy Principles set out in Schedule 1 of the *Health Records Act 2001* (Vic).

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

Name	Role	Contact Number(s)
Dr Gary Zimmerman	Chief Medical Officer	0418 320 838 / (03) 9426 6222
Jo Casey	Senior Advisor – Licensing and Compliance	03 9258 4304
Ron Hall	Jockey Wellbeing and Safety Officer	0411 646 160 / (03) 9258 4257
Matt Hyland	Victoria Jockeys Association	0408 753 951
Lisa Stevens	Racing Victoria Psychologist	0413 616 152

JOCKEY MEDICAL REPORT FORM

(MEDICAL)

Instructions to the examining doctor

Race riding is a sport that requires jockeys to employ highly developed physical skills in collaboration with careful judgment. The failure of jockeys to successfully implement these requirements can have serious consequences. Riders may not only put their own lives in danger, but also other riders resulting in a risk of a serious injury, permanent disability or in the worst-case scenario, death.

All Victorian licensed jockeys must be confirmed medically fit to ride 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 to ride is achieved once the applicant has fulfilled the requirements outlined within the Jockey Medical Report (Medical) 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 examination, the GP must sign that they 'found nothing unfavourable in the applicant's history or examination'. The GP also has the opportunity to make notes for consideration by the CMO. The CMO will then make the final 'Fit to ride' decision following consideration of all relevant factors and may recommend referral for complex medical cases.

All jockeys over the age of 45 are required to have a baseline blood test work up, ECG and Calcium score completed as part of their Medical every five years unless medically required (if these tests were not conducted as part of the jockey's medical for the 2018/19 season they will need to be conducted as part of the Medical for the 2019/20 season). The RV CMO may complete or request additional investigations including blood tests, ECG, Calcium score, exercise stress testing, MRI and cognitive neuropsychological testing as required.

Applicants must disclose any Workcover impairment payouts on the Medical. Any applicant with a previous Workcover permanent impairment payout must satisfy RV of their recovery through CMO assessment and any CMO requested additional medical assessments and information.

Existing Licence holders, who, during the period of holding a Licence suffer a significant injury (eg. concussion, fracture etc.) or a significant illness (eg. cancer, hepatitis etc.), that could in any way affect their fitness to ride, must inform the CMO, at their earliest opportunity. For the sake of clarity, this applies to any significant illness or injury – regardless of whether or not it resulted from a racing or other incident (eg. road traffic accident, sporting accident, etc.).

Following any form of surgery an applicant must obtain medical clearance from their treating specialist in writing before returning to ride. After open abdominal surgery, the applicant would normally be expected to wait 12-16 weeks before applying for a licence.

A brief summary of the major areas of concern with regard to medical standards for fitness to race ride is set out below. The complete document entitled 'Medical Standards for Fitness to Race Ride' is available upon request from RV. If the examining doctor has any queries at the time of the examination, he/she may contact RV's CMO, Dr Gary Zimmerman, for clarification on 9426 6222 or 0418 320 838 (mobile).

PART A - JOCKEY LICENCE PERSONAL INFORMATION is to be completed by the Jockey.

PART B - JOCKEY LICENCE MEDICAL INFORMATION is to be completed by the Jockey.

PART C - MEDICAL EXAMINATION is to be completed by the Medical Practitioner.

RACING VICTORIA MEDICAL STANDARDS OF FITNESS TO RIDE

OVERVIEW

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 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.
- 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.

Please note that the Racing Victoria Medical Fitness to Ride Standards stipulate that all jockeys aged over 45, as part of their Medical, must complete a baseline blood workup including Lipid profile, ECG and a baseline CT calcium score and if positive, an echocardiography stress test every five years unless medically required.

MEDICATION – Reference AR 136 Rules of Racing. <https://rv.racing.com/racing-and-integrity/rules-of-racing>

A 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 she/he falls (eg. 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 (eg. anti-depressant 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 (eg. 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 National Transport Commission Austroads: Assessing Fitness to Drive 2016 (amended August 2017) 6.2 page 83-96

(fit free for 10 years, off all anticonvulsant 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.

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 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/DEFERRMENT

Established cardio-vascular disease (with or without surgical intervention), endocrine disorders, chronic gastrointestinal disease, renal failure or transplant, neoplasia, psychiatric disorders, debilitation respiratory disorders, neurological disorders, past history of head injury, intracranial blood, 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 3 possible outcomes of the Fitness to Ride medical examination, these are:

1. Jockey deemed to be fit (**A-Acceptable condition**).
2. Jockey 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 the Chief Medical Officer. There may be situations and cases where restrictions on riding may be advisable; these may be temporary or permanent.
3. 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 race course staff at risk.

CONCUSSION

Concussion is a minor traumatic brain injury. In the short term, concussion reduces performance and there is some evidence that repeated concussions may lead to long term sequelae. Horse racing currently has one of the highest rates of concussion in sport. A concussion, regardless of where it is sustained, is a reportable injury under the Rules of Racing and requires Medical follow up and management. All jockeys must undergo and pass a RV post concussion Cogstate test before returning to riding.

Dr Gary Zimmerman

Racing Victoria Chief Medical Officer

Epworth Sports Exercise Medicine

Level 2, 32 Erin Street

RICHMOND, VICTORIA 3121

Ph: (03) 9426 6222

Fax: (03) 9426 6111

Mob: 0418 320 838

PART A JOCKEY LICENCE PERSONAL INFORMATION

This section is to be completed by the jockey applicant.

Personal Information

Family Name:		D.O.B:	
Given Name(s):		Gender (please tick):	
Preferred Name:		<input type="checkbox"/> F	<input type="checkbox"/> M
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 (in an emergency, the persons to be contacted on your behalf)

Contact 1:

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

Contact 2:

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

Licence Refusal or Deferments

Has the applicant ever had a licence to ride refused or deferred on medical grounds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date of refusal or deferment	Date of Reinstatement	Reason		

Has the applicant ever had a driving licence revoked or suspended for a medical reason?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date	Reason			

Is this Medical being conducted by your regular treating GP?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, please explain why				



PART B JOCKEY LICENCE MEDICAL INFORMATION

This section is to be completed by the jockey applicant.

Have you experienced or do you suffer from any of the following conditions below (please tick)?

Ref.	Condition / Injuries / Illnesses				
1.	Nervous disorders including, nerves, depression, nervous breakdown, mental or emotional instability, anxiety or attempted suicide.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.	Headaches or Migraines	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.	Fits, Convulsions, turns, blackouts, giddiness or epilepsy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.	Lung or chest infections, pneumonia, bronchitis, asthma or tuberculosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.	Heart disease, high or low blood pressure, rheumatic fever or angina pectoris	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.	Indigestion, pain after eating, gastric or duodenal ulcers, hiatus hernia, gall bladder disease, recurrent diarrhoea or appendicitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7.	Kidney or bladder problems, cystitis (inflammation of the bladder) or stones	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8.	Diabetes, goitre, thyroid disease or any disease of the lymphatic glands	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9.	Anaemia or blood disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.	Perforated ear drums, deafness, tinnitus (noises in the ears) ear discharge or blocked ears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11.	Sinusitis, frequent head colds, blocked nose, hay fever or other allergies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12.	Back, spine or neck injuries, pain or arthritis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13.	Fractures or dislocations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.	Head injuries, knocks or falls during sports or other activities, seen a Doctor or Hospitalised for head injuries, blackouts or loss of consciousness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15.	Skin disease, eczema or dermatitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16.	Speech impairments or defect	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.	Surgical procedures or hospital admission	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18.	Any other illnesses or injuries not mentioned above in the last 12 months which interfered with or stopped you riding.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19.	Have you ever made a claim for Workers' Compensation or had an Impairment Rating?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Applicant Declaration

1. I consent to Racing Victoria collecting health information about me for the purposes of assessing my suitability to grant or retain a licence.
2. I agree to provide all relevant health information regarding my prospective / current licence, including information from other medical practitioners / specialists and my pathology and radiology reports.
3. If it is not reasonable and practicable for me to provide the health information, I authorise consent for Racing Victoria's Chief Medical Officer 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 all my pathology and radiology reports.
4. I understand that I can gain access to my health information that is collected by Racing Victoria.
5. I also provide consent for the Racing Victoria Chief Medical Officer to, at his discretion; discuss the above health information with nominated representatives of Racing Victoria, Victorian Jockey's Association (VJA), and external health service providers contracted to Racing Victoria. I am aware that the information will be used for the purposes of assessing my suitability to grant or retain a licence.
6. I declare that all information that I have provided within this medical report form and any attachments are correct and that I have not withheld any information that is relevant to this medical report form.
7. I declare that I have not provided for the purposes of this medical report form, 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.
8. I declare that if I should be diagnosed with any of the conditions listed within this medical report form, or the circumstances of any of the listed conditions I currently have should change, then I agree to immediately consult with the Racing Victoria Chief Medical Officer.
9. I declare that I will comply with 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.
10. I also provide consent for *the Declaration* of this form to be provided to another Principal Racing Authority upon request, in the event that I accept rides outside of Victoria.

Authorisation

Applicants Name

Applicants Signature

Date

Witness Name

Witness Signature

Date

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

1. Medication Record			
<p>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.</p> <ul style="list-style-type: none"> • The therapeutic effect of the medication may put a rider at risk when he/she falls (eg. 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 (eg. 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 (eg. insulin dependent diabetes, epilepsy) 			
Medication	Dosage	Reason for Use	Prescribing Practitioner

2. 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.

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

3. Cardiovascular System

1.	Pulse rhythm and Character – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.	Heart sounds – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.	Pulse rate – BPM – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.	Peripheral pulses – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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.	Does the applicant have a medical history that includes any of the following?				
	a. Ischaemic heart disease/angina	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. Heart failure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c. Myocardial infarction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	d. By-pass grafting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	e. Angioplasty	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	f. Cardiac transplant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	g. Hypertension	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	h. Dysrhythmias	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	i. Pacemakers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	j. Cardiac valvular disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	k. Cardiomyopathies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	l. Congenital heart disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	m. Marfan syndrome	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	n. Treatment with anticoagulants	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	o. Peripheral vascular disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	p. Chronic pericarditis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	q. Aneurysm	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

4. 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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Does the applicant have a medical history that includes any of the following?					
	a. Asthma	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Chronic obstructive airway disease (COAD)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Spontaneous pneumothorax – single episode	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. Spontaneous pneumothorax – recurrent episode	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	e. Emphysema	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	f. Respiratory disease affecting performance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

5. 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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Strength and range of movement in upper or lower extremities – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3.	Joints – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4.	Limbs – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5.	Any orthopaedic appliances worn?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6.	Grip Strength – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
7.	Does the applicant have a medical history that includes any of the following?					
	a. Loss of digit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	



	b. Fractures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Fracture of the skull and spine	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. Dislocation of the Acromioclavicular (A/C joint)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	e. Dislocation or subluxed shoulder	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	f. Rheumatoid arthritis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	g. Spondylolisthesis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	h. Disc injury	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	i. Joint replacement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	j. Internal metal fixation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

6. 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	Does the applicant have a medical history that includes any of the following?					
	a. Chronic migraine	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Chronic neurological disorders (Parkinson’s disease, multiple sclerosis, etc.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Chronic Meniere’s, vertigo or labyrinthitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. Cerebrovascular disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	e. Meningitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	f. Intracranial aneurysm	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	g. A-V malformation after a bleed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	h. Narcolepsy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	i. Unexplained loss of consciousness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	j. Treatment with anticoagulants	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	k. Sub-arachnoid haemorrhage (see Epilepsy /single seizure)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	l. Intracranial haematoma (see Epilepsy /single seizure)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	m. Serious head injury (see Epilepsy /single seizure)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	n. Craniotomy / burr hole surgery Following any cranial fracture or surgery the integrity and / or strength of the skull must not be significantly compromised	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	o. Has the applicant ever experienced a convulsion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	p. Epilepsy single seizure: <ul style="list-style-type: none"> • 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. 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	q. Epilepsy: <ul style="list-style-type: none"> • Applicant has been free of epileptic attack for at least 10 years • Applicant has not taken any epileptic medications during this 10 year period • Applicant does not have a continuing liability to epileptic seizures. 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

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

8. Endocrine and Metabolic Disorders

1.	Does the applicant have a medical history that includes diabetes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	If the applicant is diabetic is he/she	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	a. Insulin dependent	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Requiring oral medication	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Controlling the diabetes by diet	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3.	Does the applicant have a medical history that includes any of the following?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	i. Thyroid disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	j. Diabetes insipidus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	k. Adrenal disorders	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

9. Digestive system, Gastrointestinal and Abdominal Disorders						
1.	Oropharynx – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Spleen – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3.	Liver – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4.	Other abdominal organs – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5.	Is hernia present?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6.	Does the applicant have a medical history that includes any of the following?					
	a. Acute gastric erosion	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Chronic gastritis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Active peptic ulcer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. Hiatus hernia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	e. Inguinal hernia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	f. Haemorrhoids, anal fissure, fistulae	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	g. Colostomy, ileostomy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	h. Colitis (ulcerative or Crohn's)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	i. Cirrhosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	j. Chronic pancreatic	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	k. Chronic active hepatitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

10. Genitourinary and Renal Disorders						
1.	Urine Test					
	a. Glucose – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Albumin – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Blood – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. Other abnormalities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Testes – any abnormality affecting fitness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3.	Does the applicant have a medical history that includes any of the following?					
	a. Chronic renal failure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Renal transplant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Nephritis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. Kidney stones	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	e. Prostatitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	f. Single kidney or horse shoe kidney	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

11. Skin						
1.	Skin – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Any body marks or scars?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

12. Central Nervous System						
1.	Pupillary Reflexes – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Tendon / Reflexes – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3.	Cranial Nerves – Normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4.	Any signs of gross sensory disturbances?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5.	Any sign of paresis, tremor or tics?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6.	Is the applicant's speech normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

13. Psychiatric Disorders						
1.	Does the applicant have a medical history that includes any of the following?					
	a. Neuroses	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Psychoses (manic depressive illness, schizophrenia)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. Dementia (eg. pre-senile, Alzheimer's disease)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. Personality disorder (eg. post head injury, psychopathic disorders)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	e. Dependence (or chronic abuse) – alcohol, drugs, solvent	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

14. Infectious Disorders						
1.	Does the applicant have a medical history that includes any of the following?					
	a. Tuberculosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Hepatitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	c. HIV positive	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	d. AIDS syndrome	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

15. Haematology						
1.	Does the applicant have a medical history that includes any haemorrhagic disorders?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Are lymph glands normal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

16. Female Applicants Only						
1.	Dysmenorrhoea?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Menorrhagia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3.	Has the applicant been pregnant? If so is she:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	a. More than three months pregnant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	b. Had a caesarean section in the past 16 weeks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4.	Has the applicant had a hysterectomy? If so when?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	



17. Neoplasia

1.	Does the applicant have a medical history that includes neoplasm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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Other

1.	If the applicant is over 50 years of age, please consider but do not perform – Will need fasting blood lipids, glucose and stress ECG.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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EXAMINING DOCTOR NOTE:

Parts A, B, C and the Declaration must be completed and returned to the applicant who must forward to Racing Victoria to progress their application.

A copy of this entire document must be retained by the examining doctor for their medical records.

DECLARATION BY MEDICAL PRACTITIONER

Jockey Medical Examination

Family Name:		D.O.B:		Weight	
Given Name(s):				Gender (<i>please tick</i>):	
Preferred Name:				<input type="checkbox"/> F	<input type="checkbox"/> M

I have today personally examined the above applicant in accordance with the requirements of the Racing Victoria Jockey Medical Report and hereby declare that:

<input type="checkbox"/>	I am the applicant's regular treating GP; or
<input type="checkbox"/>	I am <u>not</u> the applicant's regular treating GP but I have reviewed the applicant's medical history and I believe this to be a true medical record.

AND

(Please select as appropriate):

<input type="checkbox"/>	I found nothing unfavourable in the applicant's history or examination. I refer the applicant for consideration by the Racing Victoria CMO.
<input type="checkbox"/>	In my opinion, there are medical reasons why the applicant cannot race ride and I recommend that the applicant be referred to the Racing Victoria CMO for further examination.

Notes for the Chief Medical Officer

Notes	
Additional Information Requested	Expected Delay



Doctors Details

Family Name:		Given Name:	
Provider Number:			
Practice Name:			
Address:			
Suburb		Post Code:	
Postal Address: <i>(only if differs from above):</i>		Post Code:	
Contact Telephone:		Mobile:	
Email Address:			

And/Or Practice/Provider Stamp below:

Examining Doctors Name

Examining Doctors Signature

Date



To be completed by the Chief Medical Officer:

<input type="checkbox"/>	<p>YES Following consideration of the information detailed in this report and all other relevant information, in my opinion the applicant <u>IS FIT</u> to race ride without restriction and for the issue of a licence/permit applied for. I do not consider any further reports or tests are required of this applicant.</p>
<input type="checkbox"/>	<p>NO Following consideration of the information detailed in this report and all other relevant information, in my opinion the applicant <u>IS NOT FIT</u> to race ride or for the issue of the licence/permit applied for and I recommend that further examination [as detailed below] is required.</p>

Notes for the Licensing Panel (if applicable)

Notes	
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CMO Name

CMO Signature

Date