

RIDER MEDICAL EXAMINATION RECORD & PERSONAL INFORMATION FORM



This form is to be completed when you are applying for a new Rider's Licence:

- Personal Information (1) & Health Questionnaire (2) sections by the Rider; &
- Medical Examination Certificate (3) by a General Practitioner.

For: Class C Rider
(Probationer)

Class B Rider
(Apprentice)

Class A Rider
(Jockey)

Class D Rider
(Jumps & Highweights)

Class E Rider
(Amateur)

This information is collected to ensure that you ride, and eventually retire from riding, in the best possible condition.

1. PERSONAL INFORMATION

APPLICANT DETAILS (Please complete in block letters)

Surname			
First Names	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Preferred Name	Date Of Birth:		
Residential Address			
Email Address			
Home Phone	Mobile Phone:		
Usual GP			
GP's Address			
Next Of Kin	Name:	Phone:	
Contact Person	Name:	Phone:	

2. MY HEALTH (Please provide details of your medical history)

2A DO YOU HAVE ANY CHRONIC PROBLEMS WITH THE FOLLOWING?	NO	YES	IF YES, ENTER DETAILS INCLUDING DATES
1 Lung problems (e.g. asthma, other)			
2 Heart problems			
3 Mental health			
4 Abdominal / bowel / liver problem			
5 Kidney or bladder			
6 (Women): Gynaecology problem			
7 Epilepsy / other neurological problem (do not include head injury/concussion)			
8 Blood disorder e.g., anaemia / other			
9 Problems with spine, limb or joint?			
10 Any other injury or disability			
11 Taking any medications			Please Specify
12 What is your usual riding weight?	(Kg)		

If you need more space to explain answers above, please do it here with dates:

2b Past History of Head Injury / Concussion

How many episodes of head injury and/or concussion have you had that have required absence from riding:

List approximate number of episodes:

List approximate years:

Have you had any episodes of head injury and/or concussion in the past two years(circle): YES / NO

If yes, give details:

2c OTHER SERIOUS INJURIES, OPERATIONS AND ILLNESSES (that have required more than a week off riding, or time in hospital)

Year	List serious injuries and illnesses, and operations

2d ALLERGIES

Cause of allergy (eg. Name of food / medicine / chemical / pet)	Nature of Reaction (circle the reaction you had, or specify after other)
	Anaphylaxis (collapse) / Local Swelling / Other reaction
	Anaphylaxis (collapse) / Local Swelling / Other reaction
	Anaphylaxis (collapse) / Local Swelling / Other reaction

2e TETANUS

Year of last Tetanus vaccination

Note – If you are unsure, please check with your doctor, or get an updated Tetanus vaccination and record this.

3. MEDICAL EXAMINATION (to be completed by a registered General Practitioner)

MEDICAL EXAMINATION

Height	cm	Urine (Dipstick)		Visual acuity	Right	Left	Both
Weight	kg	Protein:		Uncorrected	6 /	6 /	6 /
BMI		Blood:		Corrected	6 /	6 /	6 /
B.P	/	Glucose:		Colour vision	Normal / Abnormal		
Peak flow	l/min			If lenses	Hard / Soft		

ARE THE FOLLOWING NORMAL?	YES	NO	NOTES IF ABNORMAL
1 Respiratory			
2 Cardiovascular			
3 Mental health			
4 Gastro-intestinal			
5 Kidney or bladder			
6 (Women) gynaecological problem			
7 Vision			

8	Hearing			
9	Neurological			
10	Lymphadenopathy/ anaemia			
11	Spine			
	Upper limbs			
	Lower limbs			
12	Any other injury or disability? Please specify....			

RECOMMENDATION (tick)		YES	NO
If a significant head injury or other injury requiring time off or hospital admission, in past 12 months, I attach further reports			
I certify the above as fit for riding			
If no, please specify reason and any further action recommended, e.g. recommend a specialist report			
Signature		Surname	
Date		<u>NZMC No.</u>	

This information is being collected pursuant to the Rules of Racing, and is to be held by New Zealand Thoroughbred Racing. The information is being collected for, and is required for, the purpose of assessing the person's fitness to ride horses. The intended recipients of the information are the NZTR's Medical Advisor, and other NZTR officials who are involved in the safety of riders in New Zealand horse racing. Under the Privacy Act 1993, you have to right to see and correct information we collect about you.

PROCESS

Once all sections of this form have been completed by the Rider and a General Practitioner respectively, it should be returned to NZTR.

NZTR Medical Advisor
New Zealand Thoroughbred Racing
Box 38-386
Wellington Mail Centre 5045

Email: licensing@nzracing.co.nz
Fax: 04 568 8866

Licensing contact for enquiries: 04 576 6279