



# Medical History and Examination Record

Medical History and Examination Record for Licensed Jockeys and Persons applying for issue of Licence or Apprenticeship to become a Jockey.

*N.B. Pages 1 & 2 are to be completed by Applicant. Pages 3, 4 & 5 to be completed by Medical Examiner.*

## **POSITION APPLICANT**

**SURNAME** (please print): \_\_\_\_\_

**GIVEN NAMES** (please print): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**P/Code:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**NAME AND PHONE NUMBER OF NEXT OF KIN:** \_\_\_\_\_

## **PERSONAL HISTORY**

Have you ever suffered from: (Answer 'YES' or 'NO' to all questions). If 'YES' please give details in the space below.

1. Any nervous disability (including Nerves, Depression, Nervous Breakdown, Mental or Emotional Instability, Neurasthenia or Anxiety State or Attempted Suicide)? \_\_\_\_\_
2. Headaches, Migraine? \_\_\_\_\_
3. Fits, Convulsions, Turns, Blackouts, Fainting, Giddiness or Epilepsy? \_\_\_\_\_
4. Lung or Chest trouble, Pneumonia, Bronchitis, Asthma? \_\_\_\_\_
5. Heart Disease, Blood Pressure or Rheumatic Fever? \_\_\_\_\_
6. Indigestion, Pain after meals, Gastric or Duodenal Ulcer, Hiatus Hernia, Gall Bladder Disease, Recurrent Diarrhoea, Appendicitis or Haemorrhoids? \_\_\_\_\_
7. Kidney or Bladder Trouble, Cystitis, Stones? \_\_\_\_\_
8. Diabetes, Goitre, thyroid Disease or any Disease of Glands? \_\_\_\_\_
9. Anaemia or Blood Disease? \_\_\_\_\_
10. Perforated Ear Drums, Deafness or Noises in the Ear, Earache or Ear Discharge, Blocked Ears? \_\_\_\_\_
11. Frequent Head Colds, Sinusitis, Blocked Nose, Hay Fever or Allergies? \_\_\_\_\_
12. Backache, Back Injuries, Spinal Problems, Neck Injuries or Pains, Arthritis? \_\_\_\_\_

- 13. Fractures or Dislocations? \_\_\_\_\_
- 14. Head Injury, Concussion, Unconsciousness? \_\_\_\_\_
- 15. Skin Disease, Eczema or Dermatitis? \_\_\_\_\_
- 16. Any Surgical Operations? \_\_\_\_\_
- 17. Any Hospital Admissions? \_\_\_\_\_
- 18. Any other Sickness or Injury? \_\_\_\_\_
- 19. Have you ever made a Claim on Workers' Compensation? \_\_\_\_\_
- 20. Do you at present take any Medicine, Drug, Tables or Injections? \_\_\_\_\_
- 21. How many cigarettes do you smoke daily? \_\_\_\_\_
- 22. What is your daily consumption of Alcohol? \_\_\_\_\_
- 23. Record of Tetanus Immunisation? \_\_\_\_\_

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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 license. Furthermore, I authorise the examining doctor to make this acquired information relating to my health available to the appropriate Officials of VRQHA.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **WITNESS NAME** (please print): \_\_\_\_\_

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

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# PHYSICAL EXAMINATION

Medical History and Examination Record for licensed Jockeys and persons applying for issue of licence to become a Jockey.

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**APPLICANT EXAMINED**

**SURNAME** (please print): \_\_\_\_\_ **GIVEN NAMES** (please print): \_\_\_\_\_

**HEIGHT** (Bare feet in cms) \_\_\_\_\_ **WEIGHT** (Underclothes in kgs) \_\_\_\_\_

<b>EYES:</b>			<b>Details</b>
Any abnormality lids, conjunctivae corneae	Yes	No	
Visual acuity (Distant)	Right	Left	
Uncorrected	6/	6/	
Corrected	6/	6/	
<b>EYE MOVEMENT:</b> Normal	Yes	No	
Fields (confrontation test) Normal	Yes	No	
Are contact lenses worn?	Yes	No	
<b>E.N.T.</b>			<b>Details</b>
<b>Nose</b> - abnormality	Yes	No	
<b>EARS</b>	<b>Right Ear</b>	<b>Left Ear</b>	
Ext. auditory canal:	Normal / Abnormal	Normal / Abnormal	
Tympanic Membrane	Normal / Abnormal	Normal / Abnormal	
Conversational Voice at 2.5 metres			
binaural	Normal / Abnormal		
<b>MUSCULO SKELETAL SYSTEM</b>			<b>Details</b>
a) Any spinal deformity or limitation of function?	Yes	No	
b) Any abnormality in strength, range of movement upper and lower extremities?	Yes	No	
c) Any limitation or derangement of a joint?	Yes	No	

<b>C.N.S. Details</b>			<b>Details</b>
Pupillary Reflexes	Normal	Abnormal	
Tendon / Reflexes	Normal	Abnormal	
Cranial Nerves	Normal	Abnormal	
Gross Sensory Disturbance	Yes	No	
Paresis – Tremor or Tics	Yes	No	
<b>C.V.S. Details</b>			<b>Details</b>
a) Is pulse normal in rhythm and character?	Yes	No	
b) Heart sounds normal?	Yes	No	
c) Pulse Rate	/		
d) Blood Pressure (sitting or lying)	Systolic	Diastolic	
Any abnormality on clinical examination?	Yes	No	
<b>DIGESTIVE SYSTEM AND ABDOMEN</b>			<b>Details</b>
a) Any abnormality of Oro Pharynx?	Yes	No	
b) Any abnormality of spleen, liver or other abdominal organs?	Yes	No	
c) Is a hernia present?	Yes	No	
d) Any evidence of haemorrhoids anal fissure?	Yes	No	
<b>GENITO URINARY</b>			<b>Details</b>
Urine Sugar	Yes	No	
Urine Albumen	Yes	No	
Testes Normal	Yes	No	
<b>SKIN</b>			<b>Details</b>
Evidence of disease	Yes	No	
Body marks or scars	Yes	No	
<b>OTHER</b>			<b>Details</b>
Thyroid Gland Normal	Yes	No	
Lymph Gland Normal	Yes	No	
Speech defect	Yes	No	
<b>MEDICAL EXAMINER – PLEASE COMMENT</b>			<b>Details</b>
Is there anything unfavourable in the applicant's personality as revealed by history, appearance and / or behaviour?	Yes	No	
Is there any evidence of alcohol or drug abuse?	Yes	No	
Do you consider any further Reports or Tests are required?	Yes	No	

<i>In the case of a female applicant, this section should be competed by the Medical Examiner:</i>			<b>Details</b>
Is there any history of menstrual irregularity that would adversely affect the applicant's personal safety and performance, namely:			
Premenstrual tension	Yes	No	
Dysmenorrhoea	Yes	No	
Menorrhagia	Yes	No	
Is the applicant pregnant?	Yes	No	

**Is the Applicant fit without restriction for the issue of licence applied for?**

**Yes or No**

**(Medical Examiner to circle appropriate answer)**



**MEDICAL EXAMINER** (please ensure that above question is answered)

**NAME OF MEDICAL EXAMINER (please print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**P/Code:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**Date :** \_\_\_\_\_