

CONFIDENTIAL – MEDICAL REPORT IN CONNECTION WITH AN APPLICATION TO RIDE IN RACES UNDER THE RULES OF RACING, THE POINT-TO-POINT OR ARABIAN RACING REGULATIONS

TYPE OF LICE! Professional	NCE/PERMIT APPLIED	FOR:			
Full Jump		Conditional			
Full Flat		Apprentice			
Amateur					
Under Rules	Flat Races				
Steeple Chases	and Hurdle Races				
Both - Flat and	Steeple Chase/Hurdle F	Races			
Point to Point					
Arabian					
Surname			All Forenames		
(Previous surna	me, e.g. maiden name)				
Date of Birth			Age		
Home Address					
Next of Kin Nam	ne and Tel no				
DETAILS OF PI	REVIOUS LICENCES/F	PERMITS HELD:-			
	/permit(s) to race ride d	-			
List of any licen	ces/permits held in the	past of another type			
Date of first lice Organisation.	nce/permit issued by the	e Jockey Club/Horserac	sing Regulatory Autho	rity/British Horseracing Authorit	y/Arabian Racing
	nad a licence refused or Organisation on medica		Club/Horseracing Re	egulatory Authority/British Horse	eracing Authority/
Date	Reason			Date re-instated	b
		n GP or Jockey Club/Ho ation for a licence/permi		Authority/British Horseracing A	Authority Chief
Do you hold a v	alid drivers licence? ye	es/no Has your licen	nce ever been revoked	d or suspended for medical reas	sons? yes/no
If yes, please st	ate date(s) and reasons	3			

INTRODUCTION

Race riding is an activity that requires jockeys to exercise physical skills and judgement of an extremely high order. Any failure in a jockey's performance may not only put his/her life in danger but may also put others at risk of injury, permanent disability or death. The British Horseracing Authority requires that all jockeys applying for a licence or permit to ride under Rules or Point-to-Point or Arabian Racing Regulations provide a Declaration of Health and appropriate medical evidence of his/her 'fitness to ride'. Each application is subject to scrutiny by the British Horseracing Authority's Chief Medical Adviser who may request additional medical reports or specialist examination(s) as appropriate. **All costs incurred in providing this information are the responsibility of the applicant.** When sufficient information is available, a medical recommendation regarding each applicant is made to the Licensing Committee of the Point-to-Point Authority, British Horseracing Authority or Arabian Racing Organisation for their consideration. The decision to grant or refuse a licence or permit rests with the British Horseracing Authority. Such decisions may be subject to a Medical Review Procedure where appropriate.

Existing licence or permit holders who, during the period of the licence or permit, suffer a significant injury (e.g. concussion, fracture) or significant illness (e.g. cancer, hepatitis) that could in any way affect their fitness to ride, must inform the British Horseracing Authority Chief Medical Adviser at the earliest opportunity. This applies to any significant illness or injury - regardless of whether or not it resulted from a racing incident (e.g. road traffic accident, hacking, eventing, on the gallops, winter sports, hang gliding etc.)

STATEMENT ON 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 impairment of brain function. Horse racing currently has one of the highest rates of concussion in sport.

If you believe you or a colleague may be concussed from a fall on the gallops or on a racecourse you should seek medical advice. It is important that you do not return to race riding while you are still recovering from concussion and it is suggested you undergo rehabilitation with a suitably trained Physiotherapist.

If you suspect that you have suffered a concussion please contact the BHA Medical Department for advice on how best to manage it. A concussion regardless of where it is sustained is a reportable injury under the Rules of Racing. (Rider Manual (D) Part 2, 13)

Current helmets do not prevent concussion. However if you have suffered a concussion you should replace your helmet as its strength will have been impaired and for concussions diagnosed on the racecourse the BHA through the Helmet Bounty Scheme will help pay for a replacement.

To return to race riding after a concussion the BHA will arrange for you to undergo post-concussion testing and see a Neurologist.

I acknowledge that I understand the potential risk that I am exposing myself to by participating in race riding.

(Name)	(Signature)

(If under 18, this must be signed by a parent or guardian)



THIS FORM MUST BE COMPLETED BY A GP WITH ACCESS TO THE APPLICANTS COMPLETE MEDICAL RECORDS

MEDICAL HISTORY

Name of Applicant						
1. How long have you been						
	From what date do you hold records for this applicant?					
3. Family History - is there a Pressure, Lipid Disorders etc.)					Cardio-Vascular Disease,	
4. Social History Does the applicant smoke? yes/no	o Doily consumption	Alaah	ol approv	wookly	consumption (in units)	
Does the applicant smoke? yes/no	o Daily Consumption	I AICOII	ы арргох	weekiy (consumption (in units)	••
5. Illness, Hospital admission	ss, Hospital admissions or Surgery (non-traumatic) Diagnosis		Outcome			
5. Fractures. Dislocations. S Date				Outcome		
7. Concussive Episodes Date How th	v this occurred (riding/RTA etc)			How long off?		
8. Other Investigations - MF Date	Investigation		Outco			
9. Has the applicant ever si	uffered from: -	Yes		No	Details	• • • • • • • • • • • • • • • • • • • •
Mental Health issues				140	Details	
Fits or Convulsions						
Giddiness, Blackouts or Fainting e						
Cardiovascular Disease (incl. High						
Deafness	 ,					
/isual Disturbances						
Asthma or Respiratory Disease]				
Endocrine Disorders (thyroid, diab						
Musculo-Skeletal Disorders	Ε]				
10. Is the applicant currently Please list						
11. List all medications preso			e than 14	days (ex	cluding contraceptive medic	

MEDICAL EXAMINATION

Name of Applica	ant							
Height	Weight		BMI	Pulse	Blood Pressure			
Visual Acuity (must be measured in EVERY case)								
Right Eye			Uncorrected		Corrected			
Left Eye		'44l	- de se se se sédio s					
N. B. only soft o	contact lenses are pe	ermitted	when race riding					
CARDIO VASCULAR SYSTEM Heart Sounds Peripheral Pulses				mal/Abnormal				
RESPIRATORY SYSTEM Thoracic Cage Air Entry Peak Flow				mal/Abnormal				
ABDOMEN Normal/Abnormal Palpation Herniae Other abnormalities								
CENTRAL NERVOUS SYSTEM Pupils - size, equality and reaction Reflexes - elbow, wrist, knee and ankle Co-ordination Speech and hearing								
MUSCULO-SKELETAL SYSTEM Configuration, mobility and strength Shoulders and upper limbs Grip Spine, Hips and lower limbs Gait Normal/Abnormal								
_	URINALYSIS (if abnormal, please repeat dipstick after 2 days)			Q-Risk 2-2017 score%				
Prote	ein	Absent/Pi	resent	Note :-				
Blood	Blood Absent/Present			-riders aged 55+ req	se Q-risk estimated or measured lipids uire lipids to be measured			
Gluco	ose	Absent/Pi	resent	Scores 20% or greater should be referred for further cardiac assessment.				
Examining doctor's opinion regarding the applicant's fitness to ride in races (Please See Overleaf) FIT/UNFIT								
Name of examining doctorSignedDated								
	•		•					
Contact Tel No				. Fax No				
	CLINE TO CARRY	OUT TH	HE MEDICAL EXAMINA	TION IF YOU DO N	FOR THEIR RECORDS IOT HAVE ACCESS TO THE APPLICANT'S HE BHA MEDICAL DEPARTMENT.			
OFFICE USE ONLY								
Approved Date			Date		Comments			

INSTRUCTIONS TO EXAMINING DOCTOR STANDARDS OF FITNESS TO RIDE IN RACES

As a result of the Regulator's extensive experience in the field of equestrian sport, it has been long-standing practice to apply strict medical standards for participation in race riding. The complete document 'Medical Standards for Fitness to Ride' is available on request from the Medical Dept. (or online at www.britishhorseracing.com) but a brief summary of the major areas of concern follows. If the examining doctor has any queries at the time of the examination s/he may contact the British Horseracing Authority's Chief Medical Adviser for clarification – 020 7152 0138 (office) - 07788 567 440 (mobile).

RIDERS/JOCKEYS 55 YEARS AND OVER

These applicants will need a yearly resting 12 lead ECG and bloods for FBC, renal & liver function, fasting lipid profile and glucose. A Q-Risk 2 score will then need to be calculated http://qrisk.org/ and if over 20% a cardiology referral should be made to assess their cardiovascular risk. Please attach reported ECG and blood tests to this report.

MEDICATION

The commonest 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 he/she 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. certain 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.

EPILEPSY / CONVULSIONS

The British Horseracing Authority Standards are broadly in line with the DVLA criteria for GROUP 1 applicants 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 35 dB 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, backslab, fibreglass support, prosthesis, harness or similar appliance without approval. Fractures of the skull, fractures of the spine and 'slipped discs' are of particular concern and these applicants may be required to attend for examination by the British Horseracing Authority's Chief Medical Adviser. OTHER CONDITIONS THAT MAY WARRANT REFUSAL/DEFERMENT -

Established cardiovascular disease (with or without surgical intervention), endocrine disorders, chronic gastro-intestinal disease, renal failure or transplant, neoplasia, psychiatric disorders, debilitating 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 field defects and diplopia require further specialist assessment.

This brief summary cannot deal with every medical condition seen in practice and all queries should be addressed to

The Chief Medical Adviser
The British Horseracing Authority
75 High Holborn
London WC1V 6LS

Tel: 020 7152 0138 Fax 020 7152 0136