

**RACE DAY CONFIRMATION THAT MEDICAL ARRANGEMENTS**

**MEET APPENDIX (10)A TO THE INSTRUCTIONS**

We the undersigned confirm that the medical arrangements at

\_\_\_\_\_ Racecourse/Point-to-Point Course

on \_\_\_\_\_ (date)

meet the requirements of Appendix (10)A to the Instructions and that racing may commence. In particular, we confirm that detailed checks for compliance have been carried out with regard to the following:

- (S)RMOs and RMOs are registered with the BHA Medical Department
- Equipment held by the RMOs and ambulances are compliant with Appendix (10)A
- All Medical Staff have received a full briefing, have read and understood the current Appendix and Standing Orders, and are fully aware of their duties.

**Nominated Representative**

Signed:.....

Name:.....

**SRMO**

Signed:.....

Name:.....

**TO BE HANDED TO THE STEWARDS NO LATER THAN 30 MINUTES**

**BEFORE THE TIME OF THE FIRST RACE**