



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

COMPLETED FORM TO BE EMAILED TO rqcmedicals@britishhorseracing.com

TYPE OF LICENCE/PERMIT APPLIED FOR:

Professional

- Full Jump [] Conditional []
Full Flat [] Apprentice []

Amateur Registration

- Under Rules Flat Races []
Steeple Chases and Hurdle Races []
Both - Flat and Steeple Chase/Hurdle Races []
Point to Point []
Arabian []

Surname All Forenames

(Previous surname, e.g. maiden name)

Date of Birth..... Age NHS Number.....

Home Address

Tel no..... E-mail Address

Next of Kin Name..... Next of Kin Tel no.

Next of Kin Relationship to Applicant.....

DETAILS OF PREVIOUS LICENCES/PERMITS HELD:-

What licence(s)/permit(s) to race ride do you currently hold?

List of any licences/permits held in the past of another type

Date of first licence/permit issued by the Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority/Arabian Racing Organisation.

Have you ever had a licence refused or deferred by the Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority/Arabian Racing Organisation on medical grounds?

Date Reason Date re-instated.....

Date of last medical examination by own GP or Jockey Club/Horseracing Regulatory Authority/British Horseracing Authority Chief Medical Adviser in support of an application for a licence/permit

Do you hold a valid drivers licence? yes/no Has your licence ever been revoked or suspended for medical reasons? yes/no

If yes, please state date(s) and reasons.....

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.

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.

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.

Chief Medical Adviser

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 the applicant's registered GP?
.....

2. From what date do you hold records for this applicant?
.....

3. Family History - is there any family history of disease or illness? (e.g. Diabetes, Cardio-Vascular Disease, High Blood Pressure, Lipid Disorders etc.)
.....

4. Social History
Does the applicant smoke? yes/no Daily consumption Alcohol approx. weekly consumption (in units)

5. Significant Illness, Hospital admissions or Surgery (non-traumatic)

Date	Diagnosis	Outcome
.....
.....

6. Fractures. Dislocations. Subluxations and other injuries

Date	Diagnosis	Outcome
.....
.....
.....

7. Concussive Episodes

Date	How this occurred (riding/RTA etc)	How long off?
.....
.....
.....

8. Other Investigations - MRI, EEG, XRAYs etc. (not mentioned above)

Date	Investigation	Outcome
.....
.....

9. Has the applicant ever suffered from: -

	Yes	No	Details
Mental Health issues	<input type="checkbox"/>	<input type="checkbox"/>	
Fits or Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Giddiness, Blackouts or Fainting episodes	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular Disease (incl. High BP)	<input type="checkbox"/>	<input type="checkbox"/>	
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Disturbances	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Respiratory Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine Disorders (thyroid, diabetes etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Musculo-Skeletal Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Other conditions not previously mentioned			

10. Does the applicant have a diagnosis of Neurodiversity?.....If yes do they require any adjustments in the workplace?.....

11. Is the applicant currently on any medication? yes/no
Please list

12. List all medications prescribed in the last 12 months for more than 14 days (excluding contraceptive medication).
.....

13. Allergies – Drugs or Food

MEDICAL EXAMINATION

Name of Applicant

Height Weight BMI Pulse..... Blood Pressure.....

Visual Acuity on a 3 or 6M Snellen Chart **(must be measured in EVERY case)**

	Uncorrected	Corrected
Right Eye		
Left Eye		

N. B. only soft contact lenses are permitted when race riding

CARDIO VASCULAR SYSTEM Normal/Abnormal
 Heart sounds
 Peripheral pulses

RESPIRATORY SYSTEM Normal/Abnormal
 Thoracic cage
 Air entry
 Peak flow.....Predicted peak flow

Or
 Attach spirometry print out

ABDOMEN Normal/Abnormal
 Palpation
 Herniae
 Other abnormalities

CENTRAL NERVOUS SYSTEM Normal/Abnormal
 Pupils - size, equality and reaction
 Reflexes - elbow, wrist, knee and ankle
 Co-ordination
 Speech and hearing

MUSCULO-SKELETAL SYSTEM Normal/Abnormal
 Configuration, mobility and strength
 Shoulders and upper limbs
 Grip
 Spine, Hips and lower limbs
 Gait

URINALYSIS (if abnormal, please repeat dipstick after 2 days)		Q-Risk 2-2017 score..... %
Protein	Absent/Present	Note :- -riders aged 25-55 use Q-risk estimated or measured lipids -riders aged 55+ require lipids to be measured Scores 20% or greater should be referred for further cardiac assessment.
Blood	Absent/Present	
Glucose	Absent/Present	

Examining doctor's opinion regarding the applicant's fitness to ride in races (Please See Overleaf)

FIT/UNFIT

Name of examining doctor Signed..... Dated.....

Address

Contact Tel No Fax No

**PLEASE GIVE A COPY OF THIS FORM TO THE APPLICANT FOR THEIR RECORDS
 PLEASE DECLINE TO CARRY OUT THE MEDICAL EXAMINATION IF YOU DO NOT HAVE ACCESS TO THE APPLICANT'S
 FULL MEDICAL RECORDS UNLESS PREVIOUSLY DISCUSSED WITH THE BHA MEDICAL DEPARTMENT.**

OFFICE USE ONLY

Approved	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:

Medical@britishhorseracing.com

Tel: 020 7152 0138 Fax 020 7152 0136