

M1: 01-21

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		
Preferred Name		
Date of Birth	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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 problem		
6	(Women): Gynaecology		
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 (e.g. 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 /
BP	/	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 problem					
6	(Women) gynaecological					
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	NZMC #		

PRIVACY ACT 2020

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at 106-110 Jackson Street, Petone, Wellington. It is being collected for the purpose of processing the matter the subject of this form. You agree that the personal information supplied by you may be retained by NZTR and disclosed to and retained by third parties for the purpose of processing relevant forms, direct marketing or providing you with information on events, products and services. NZTR will not use or disclose your personal information in any way, other than that disclosed in this policy or with your prior consent. If you do not provide the requested information then NZTR may not be able to process the matters the subject of this form. That may result in a breach of the Rules of Racing. You may access your personal information (if it is readily retrievable) at the above address and you may request NZTR to update or correct that information. You may also request to be removed from the NZTR database for the purpose direct marketing and providing you with information on events, products and services by notifying NZTR by email or by letter to the above address. If you do **not** wish your information to be retained in our database, or disclosed and retained by third parties for the purpose of providing you with information on events, products and services, then please tick the box below.

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
PO Box 38-386
Wellington Mail Centre
Lower Hutt 5045

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

Licensing contact for **enquiries: 04 576 6279**