

JOCKEY MEDICAL EXAMINATION FORM

INFORMATION FOR JOCKEYS – PLEASE READ

All jockeys applying for or renewing a NZTR licence must be medically fit.

Medical fitness is confirmed once:

- 1. The Jockey has completed this form in full, and
- 2. The NZTR Medical Advisor has reviewed the medical information and examination results.

Important:

- If any significant changes in medical conditions, medications, or injuries occur after submission, the NZTR Medical Advisor must be notified immediately.
- Clearance following surgery must be obtained from the treating specialist prior to returning to ride.

PART A – PERSONAL INFORMATION (To be completed by the Jockey in their own handwriting)							
Male	Female	Other					
	Phone Home						
Name							
Contact No							
Relationship							
	Male Name Contact No	Male Female Phone Home Name Contact No	Male Female Other Phone Home Name Contact No				

Licence History			
Has any NZTR licence ever been refused or deferred for medical reasons?	Yes	No	
If yes, provide reason:		-	
		1	
Is this medical being conducted by your usual GP?	Yes	No	
If no, please explain:			

PART B – MEDICAL HISTORY (To be completed by the Jockey in their	own handwrit	ing)
Please indicate if you have a history of any of the following:		
Nervous / Anxiety / Depression / Emotional instability	Yes	No
Headaches / Migraines	Yes	No
Seizures / Epilepsy / Unexplained Loss of Consciousness	Yes	No
Asthma / Lung / Chest Conditions	Yes	No
Heart Disease / High or Low Blood Pressure	Yes	No
Digestive / Stomach / Gall Bladder Disorders	Yes	No
Kidney / Bladder Disorders	Yes	No
Diabetes / Thyroid / Lymphatic Disorders	Yes	No
Blood Disorders / Anaemia	Yes	No
Ear / Hearing Issues	Yes	No
Allergies / Sinus / Hay Fever	Yes	No
Back / Spine / Neck Injuries or Pain	Yes	No
Fractures / Dislocations	Yes	No
Head Injuries / Concussions / Blackouts	Yes	No
Skin Conditions / Eczema / Dermatitis	Yes	No
Speech Impairments	Yes	No
Surgical Procedures / Hospital Admissions	Yes	No
Any other injury / illness in the last 12 months affecting riding	Yes	No
Dental injuries in the past year from riding	Yes	No

Date		How long did it t	take to recover (days)
		now long and le	iano to recover (aayo,
	or do vou th	ink that you may have a	ny of the following:
Have you been diagnosed with,	or do you th	ink that you may have, a	ny of the following:
Have you been diagnosed with, ADHD			
Have you been diagnosed with, ADHD Dyslexia	No	May have	Diagnosed
PART D – NEURODIVERSITY Have you been diagnosed with, ADHD Dyslexia Obsessive compulsive disorder Tourette syndrome	No No	May have May have	Diagnosed Diagnosed
Have you been diagnosed with, ADHD Dyslexia Obsessive compulsive disorder	No No No	May have May have May have	Diagnosed Diagnosed Diagnosed
Have you been diagnosed with, ADHD Dyslexia Obsessive compulsive disorder Tourette syndrome Eating disorder	No No No No	May have May have May have May have	Diagnosed Diagnosed Diagnosed Diagnosed
Have you been diagnosed with, ADHD Dyslexia Obsessive compulsive disorder Tourette syndrome	No No No No	May have May have May have May have May have May have	Diagnosed Diagnosed Diagnosed Diagnosed Diagnosed

PART E – LIFESTY	LE / MED	ICATION/	VACCII	NATION			
Smoking	No	,	Yes	Qu	antity per day		
Vaping	No	\	Yes	No	. Sessions/day	Puffs /session	
Alcohol	No	\	Yes	Dri	nks per day		
Date of last Tetanus vaccination							
Current Medication	ons:						
Medication Reason		eason	Dosage				

PART F – NZTR I	MEDICAL ADVIS	OR EXAMINATION					
(To be complete	ed by the NZTR N	Medical Advisor or designa	ited do	octor)			
Vitals and Gene	eral Assessment:						
Height		Weight			BMI		
Heart rate		Blood Pressure- sitting	sitting			-	
Eves / Vision / L	ids / Cornea / Fig	elds		Normal		Abn	ormal
Hearing / Ears /				Normal			ormal
Cardiovascular / Respiratory / Musculoskeletal / Neurological / Endocrine / Digestive / Skin / CNS / Psychiatric			Normal		Abn	ormal	
Medications & A	Allergies Reviewe	ed?		Yes		No	
Required for all Blood to ECG / Co Cardiac Exercise Cognitive	jockeys over 45 ests (CBC, metable ardiac assessment imaging (Calciur estress testing if the / neuropsychological colors and the / neuropsychological colors are stress testing if the / neuropsychological colors are stress are stre	n score / CT scan) indicated plogical testing if clinically			risor):		
	Over-Age Assess he requirement	sment: for enhanced medical inv	estigat	tions due t	o age and I	my fit	ness to
Signature: Date:							

PART H– NZTR MEDICAL ADVISOR DECLARATION		
(To be completed by the NZTR Medical Advisor or design	nated doctor)	
I have reviewed the medical history and conducted a ful	ll examination.	
Is the applicant medically fit to ride?	Yes	No
Any Further investigation or treatment is required before	re fitness can be	e confirmed:
NZTR Medical Advisor Name:		
Signature:	Date:	

PERSONAL AND CONFIDENTIAL INFORMATION

The information you provide is used for the purpose of assessing an application for, or the renewal of, a Class A, B C D of E Rider's Licence. If you do not provide the requested information, NZTR may be unable to proceed with the assessment of the application or renewal.

NZTR will only share your personal and medical information with the NZTR Medical Officer where necessary for the purposes of assessing your fitness to hold a Class A, B, C, D or E Rider's Licence.

Personal information will be held and used in accordance with NZTR's Privacy Policy and the Privacy Act 2020. Under this Act, you may request access to, and request correction of any personal information held by the NZTR. If you have any questions regarding this privacy notification, please contact NZTR's Privacy Officer at compliance@nztr.co.nz.

PART I – APPLICANT DECLARATION

- 1. I declare that all information provided is true and complete.
- 2. I consent to the NZTR Medical Advisor obtaining any necessary medical records to assess my fitness.
- 3. I consent to my medical records being made available to the Concussion Specialists in the event of a concussion or suspected concussion.
- 4. I will notify NZTR of any changes in medical condition, injury, or medication.
- 5. I understand that providing false or misleading information may result in suspension or cancellation of my licence.

STATEMENT ON CONCUSSION

Concussion is classified as a mild traumatic brain injury. In the short term, concussion may impair performance and decision-making. Repeated concussions may result in long-term impairment of brain function. Thoroughbred racing carries one of the highest concussion rates in sport.

All licensed jockeys in New Zealand are subject to the NZTR Policy on Concussion Management, Neuropsychology Testing and Return to Riding. In the event of a concussion, or a suspected concussion:

- 1. The jockey shall be automatically stood down from riding for a minimum period of 12 days.
- The jockey shall not return to riding until they have:a. completed the prescribed post-concussion rehabilitation programme; andb. obtained a medical clearance.
- 3. The stand-down period shall continue until such time as the NZTR Medical Officer has determined it is safe for the jockey to return to riding.

Any concussion, irrespective of where it occurs, constitutes a reportable injury under the New Zealand Rules of Racing.

While a helmet can prevent focal injury to the head, it does not prevent the rotational forces that result in concussion.

In the event of a concussion or any other impact to the helmet, the helmet worn at the time must be replaced, as its protective integrity may have been compromised.

I, the undersigned, acknowledge that I have read and understood the above statement. I accept the risks of concussion associated with race riding and agree to comply with all requirements for reporting, stand-down, rehabilitation, and medical clearance prior to returning to ride.

Signature:	Date:	