



**Applicant Medical Questionnaire 2019**

**To be completed by the applicant**

Currently under IHRB medical rules anyone suffering from certain medical conditions such as epilepsy or diabetes will be unable to secure any type of jockey's license. However, it may still be possible to attend the Trainee Jockey course depending on individual circumstances. Trainees may be requested to attend the IHRB Medical Officer for clearance if there are any concerns of medical health and they are deemed suitable for a place on the course in all other regards.

Article 27 – ADVICE TO HORSERACING AUTHORITIES ON THE PRINCIPLES FOR HEALTH PROTECTION OF RIDER (PROFESSIONAL AND AMATEUR), is the basis used for decision making in relation to race riding and many aspects will also apply to exercise riding. A copy of Article 27 is available on request.

Name of candidate	
Date of birth	

Area	Yes	No
Do you or have you ever had treatment for any of the following: <b>LUNGS</b> – asthma, bronchitis, pneumonia, pleurisy, TB or other lung disease?		
Diseases of the nose, throat and sinuses?		
Ear disease – ear infection, hearing loss, loss of balance, dizziness, buzzing or ringing in your ears?		
Hay fever, allergies or hives?		
<b>HEART</b> – Rheumatic fever, high blood pressure, heart disease, heart murmur, raised cholesterol, angina, palpitations or any chest pain?		
Varicose veins, phlebitis?		
Diabetes, thyroid disease or any glandular problems?		
<b>FITS</b> , blackouts, epilepsy, head injury, severe headache, migraine?		
Stroke, paralysis, impaired walking?		
Impaired vision, any eye disease, wear glasses or contact lens?		
<b>PSYCHOLOGICAL PROBLEMS</b> - Psychosis, depression, anxiety, panic attack?		
Claustrophobia, agoraphobia, fear of heights, enclosed spaces etc?		
GIT: Stomach or duodenal ulcers?		
Gall bladder disease, jaundice or hepatitis?		
Chronic diarrhoea, inflammatory bowel disease?		

Continued

Dermatitis, eczema, rashes or any skin disease?		
<b>KIDNEY DISEASE</b> , Kidney stones or bladder problems?		
<b>NECK, BACK OR SPINAL INJURY OR CHRONIC OR RECURRENT BACK PAIN?</b> Did you ever attend a doctor for back pain?		
Breast problems of any kind?		
<b>CANCER</b> – tumour or growths?		
Any visits to hospital or admission unrelated to previously mentioned problems?		
Any other x-rays/ scans or anaesthetics other than those already mentioned?		
Motion sickness		
Weight gain or loss of more than 10lbs in previous year?		
Are you allergic to any medications, food, chemicals, animals, plants or have you had any adverse reaction to any: If yes please specify: _____		
Date of last Tetanus vaccination? (Please boost immunity if over 10 years ago)		

I am aware there may be some medical health areas that raise safety concerns in relation to riding and my medical records or I personally may be referred to the IHRB Medical officer for clearance.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_  
(required for under 18's)

Date: \_\_\_\_\_