

Medical Information Sheet for RACE (2019 course)



To be completed, signed and stamped by your GP

Name of candidate	
Date of birth	
Height	
Weight	Please weigh the candidate in surgery and note exact weight

Fractures, dislocations or other musculoskeletal injury (use additional pages if required)

Date	Diagnosis	Outcome

Concussive episodes (use additional pages if required)

Date	Cause (Riding /R.T.A. etc)	Outcome

List all past or current illnesses, hospital admissions or surgery (use additional pages if required)

Date	Diagnosis	Outcome

Has the candidate ever suffered from any of the following?

Dizziness/Fainting	
Asthma	
*Diabetes	
Heart murmur, irregular rhythm, or high blood pressure	
Chest pain	
*Epilepsy	
Anaemia	
Eating Disorder	
Broken Bone	
Attention Deficit Disorder	
If yes, please expand:	

Please confirm **previous or current medications taken by this candidate** and reason for use (other than short-term antibiotics):

Does the candidate suffer from any allergies?	Yes___ No ___	Expand:
Does the candidate smoke	Yes___ No ___	Daily consumption:
Alcohol use	Never used <input type="checkbox"/>	Current use in no. of units per week:
Has the candidate ever had a tetanus injection?	Yes___ No ___	If yes- date given: _____

If there is any additional information you feel would be useful or important for us to be aware of please state and expand (use additional pages if required).

Can you confirm that this person is fit and physically safe to <u>work around and ride horses</u>	Yes___ No ___
If no, please expand:	
Medical Card Number:	Date:
GP Print name:	GP Signature:
GP/ Medical Centre stamp:	Next of kin name/ relationship:
	Contact for next of kin:
	Parent/ guardian signature: If under 18

*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. An exact weight must be recorded by the GP and the form signed and stamped for the application to be accepted.