

## GP Medical Information Sheet for RACE (2021 course)



**To be completed, signed and stamped by your GP**

Name of candidate		Date of exam	
Date of birth		Height	
<b>Weight</b>		<b>Please weigh the candidate in surgery and note exact weight</b>	

**Fractures, dislocations or other musculoskeletal injury/ hospital admissions/ surgery (use additional pages if required)**

Date	Diagnosis	Outcome

**Concussive episodes (use additional pages if required)**

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

**Does the candidate suffer from any allergies? Yes \_\_\_ No \_\_\_ Expand:**

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

**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 check the following:		
Area	Normal	Abnormal
Pupils – size, equality, reaction		
Reflexes – biceps, triceps, patella, achilles		
Tympanic membranes		
Chest auscultation		
Heart sounds		
Peripheral pulses		
Abdomen muscle wasting, scoliosis, kyphosis		
If any abnormality above, please clarify:		

Please confirm previous or current medications taken by this candidate and reason for use (other than short-term antibiotics):		
Name of medication	Dosage	Duration of treatment

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 ___			
<b>If no, please expand:</b>			
<b>Medical Card Number:</b>		<b>Date:</b>	
<b>GP Print name:</b>		<b>GP Signature:</b>	
<b>GP/ Medical Centre stamp:</b>		<b>Next of kin name/ relationship:</b>	
		<b>Contact for next of kin:</b>	
		<b>Parent/ guardian signature:</b>	
		<b>If under 18</b>	

\*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.

**RACE Office Use Only**

RACE Staff review completed by:				Date:		
Clear:		Follow up required:		Staff member:		Approved: