



Applicant Medical Questionnaire

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 take part in training depending on individual circumstances. Candidates 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 training in all other regards.

Name of candidate	
Date of birth	
Emergency Contact Name	
Emergency Contact Tel No.	*Under 18’s must have guardian/ parent as emergency contact

**Section A: Mandatory completion by all candidates
Under 18’s should complete in conjunction with a parent/ guardian**

Area	Yes	No
Do you or have you ever had treatment for any of the following:		
Lungs – 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?		
Heart – 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?		
Fits, blackouts, epilepsy, head injury, severe headache, migraine?		
Stroke, paralysis, impaired walking?		
Impaired vision, any eye disease, wear glasses or contact lens?		
Psychological problems - 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?		
Dermatitis, eczema, rashes or any skin disease?		
Kidney disease, Kidney stones or bladder problems?		

Continued

Neck, back or spinal injury or chronic or recurrent back pain?		
Did you ever attend a doctor for back pain?		
Breast problems of any kind?		
Cancer – 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)		
Are you currently taking any medication (if yes, please complete section B below)		

Section B: please complete this if you are taking any medications. Depending on the type of medication you may need to consult your GP for help completing it.

By Inhalation – nose/ mouth/ Or Ingestion – mouth				
Diagnosis and date	Name of substance	Dosage	Prescribed by	Duration of treatment
By Injection				

Concussion is a traumatic brain injury. Our current knowledge is that repeated concussion may lead to long term cognitive impairment, but further research is ongoing. Horse racing has the highest incidence of concussion among sports. It is important that you do not return to riding while you are still recovering from concussion. If you suspect you have suffered a concussion, please inform a member of RACE staff for advice. You may be referred for further follow up. Do not hide it in view of the potential long-term effects. Current helmets do not prevent concussion. However, if you have suffered a concussion you should replace your helmet as its integrity will have been impaired.

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.

I acknowledge that I understand the potential risks that I am exposing myself to.

Signature of applicant: _____

Date:

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

Date: