



NEW ZEALAND THOROUGHBRED RACING INC

PO Box 38386, Wellington Mail Centre | Telephone: (04) 576 6240 | Facsimile: (04) 568 8866
Web: www.nzracing.co.nz | Email: office@nzracing.co.nz

C2: 09-08

MEDICAL EXAMINATION RECORD

For: Class C Rider (Probationer) Class B Rider (Apprentice) Class A Rider (Jockey) Class D Rider (Jumps & Highweights) Class E Rider (Amateur)

APPLICANT DETAILS (Please complete in block letters)			
Surname			
First Names			
Preferred Name		Date Of Birth	
Residential Address			
Email Address			
Home Phone		Mobile Phone	
Usual GP			
GP's Address			

This information is being collected pursuant to the Rules of Racing, and is to be held by New Zealand Thoroughbred Racing. The information is being collected for, and is required for, the purpose of assessing the person's fitness to ride horses. The intended recipients of the information are the NZTR's Medical Advisor, and other NZTR officials who are involved in the safety of riders in New Zealand horse racing. Under the Privacy Act 1993, you have to right to see and correct information we collect about you.

FORWARD APPLICATION TO:	
Mail Address	Medical Advisor, NZTR, Box 38-386, Wellington Mail Centre
Email Address	matthew.bamsley@nzracing.co.nz
Fax Number	04 568 8866

MY HEALTH

APPLICANT TO COMPLETE THIS SECTION

	SYSTEM	NO	YES	IF YES, ENTER DETAILS INCLUDING DATES
1	Lung problems (e.g., asthma, other)			
2	Heart problems			
3	Mental health problem			
4	Abdominal/bowel/liver problem			
5	Kidney or bladder problem			
6	(Women): Gynaecology problem			
7	Problem with eyesight			
8	Ear problems incl. deafness			
9a	Head injury/ concussion			
9b	Epilepsy/ other neurological problem			
10	Blood disorder e.g., anaemia/other			
11	Problems with spine, limb or joint?			
12	Any other injury or disability			
13	Taking any medications			Please Specify
14	What is your usual riding weight?	(Kg)		

If you need more space to explain answers above, please do it here with dates:

--

MEDICAL EXAMINATION								
Height		kg	Urine		Visual acuity	Right	Left	Both
Weight		cm	Protein:		Uncorrected	6 /	6 /	6 /
BMI			Blood:		Corrected	6 /	6 /	6 /
B.P		/	Glucose:		Colour vision	Normal / Abnormal		
Peak flow		l/min			If lenses	Hard / Soft		

ARE THE FOLLOWING NORMAL?		YES	NO	NOTES IF ABNORMAL
1	Respiratory			
2	Cardiovascular			
3	Mental health problem			
4	Gastro-intestinal			
5	Kidney or bladder problem			
6	(Women) gynaecological			
7	Vision			
8	Hearing			
9a	Neurological			
10	Lymphadenopathy/ anaemia			
11	Spine			
	Upper limbs			
	Lower limbs			
12	Any other injury or disability? Please specify....			

RECOMMENDATION (tick)		YES	NO
If a significant head injury or other injury requiring time off or hospital admission, in past 12 months, I attach further reports			
I certify the above as fit for riding			
If no, please specify reason and any further action recommended, e.g. recommend a specialist report			
Signature		Stamp	
Date			