IRISH HORSERACING REGULATORY BOARD

NOTES ON COMPLETING THE LICENSE APPLICATION (MEDICAL)

First Time Applications

Section A: *To be completed by Applicant*

Section B: *Must be completed and signed-off by your family G.P.*

Section C: *To be completed by Applicant*

Section D: *Medical Notification Form (if you are currently taking any medication this must be completed and returned)*

Section E: *To be completed by the I.H.R.B. Doctor during your Medical Examination. To make an appointment please consult the list of I.H.R.B. Doctors attached.*

Renewal Applicants and Current Qualified Riders applying for a Professional Licence

Section A: *To be completed by Applicant*

Section B: *To be completed by Applicant*

Section C: *To be completed by Applicant*

Section D: *Medical Notification Form (if you are currently taking any medication this must be completed and returned)*

Section E: *Only applicable to renewal applicants over 40 (Flat licence) and over 35 (National Hunt licence). To be completed by the I.H.R.B. Doctor during your Medical Examination. To make an appointment please consult the list of I.H.R.B. Doctors attached.*

N.B. *Applicants who are required to submit to Medical Examination by a I.H.R.B. Doctor must bring the fully completed Licence Application (Medical) documentation with them on the day of your appointment.*

Irish Horseracing Regulatory Board - Doctors:

Dr. Adrian McGoldrick Senior I.H.R.B. Medical Officer, Moorfield Medical Centre, Newbridge, Co Kildare Tel: 087 2424404	**Dr. Sean Dunne** 5 The Grange, Newbridge Co Kildare Tel: 045 – 431374	**Dr. Gwen Daly** Lynn Medical Centre, Cong, Co Mayo Tel: 086 - 3083808	**Dr. Jennifer Pugh** Grangeclare West, Kilmeague, Naas, Co Kildare Tel: 087 - 2788717	**Dr. Edward F. Smyth** 134 Monlough Road, Saintfield, Ballynahinch, Co Down BT24 7EU Tel: (00 44) 07714614997
Dr. Welby Henry Belfast Rd, Ballynahinch, Co Down BT24 8UR Tel: (00 44) 07740088259	**Dr. Hugh Doran** The Dispensary, Carrigtowohill, Co Cork Tel: 021 – 4883176	**Dr. Paul Neary** Fair Street, Drogheda, Co. Louth Tel: 041-9838735	**Dr. Richard Downey** The Gate Lodge, Killeen Castle, Dunsany, Co Meath Tel: 086 - 4069278	
Dr. Finian Gallagher Main Street, Gowran, Co Kilkenny Tel: 056 - 7726116	**Dr. Michael Lucey** Church Road, Croom, Co Limerick Tel: 061-397263	**Dr. Tony Heffernan** The Cork Road Clinic, Mallow Primary Healthcare Centre, Mallow, Co Cork Tel: 022-21579	**Dr. Joe O'Keeffe** The Surgery, Cockpit Lane, Tallow, Co Waterford Tel: 087 - 4174309	
Dr. Tom Purcell St. Michael Street, Tipperary Tel: 062-51657	**Dr. Roddy Quinn** The Mall Family Practice, Barrack Street, Sligo Tel: 071-9142767	**Dr. Peter Killeen** Custom House Square Medical Centre, 2 Gandon House, Mayor Street Lower, I.F.S.C., Dublin 1 Tel: 01-8290902	**Dr. Gillian Mernagh** Upper Gate Lodge, Brownswood, Enniscorthy, Co Wexford Tel: 086 - 8677546	
Dr. John Downey Ballyneal, Carrick-On-Suir, Co Tipperary Tel: 086-2436453	**Dr. Daragh O'Neill** Clann Medical Practice Cross Lanes, Drogheda Co Louth Tel: 041-2136101	**Dr. Victoria McCandless** 35 Lockvale Manor, Aghalee, Co Armagh BT67 OLU Tel: (0044) 07740587484	**Dr. Alan Costello** The Health Centre, Headford, Co Galway Tel: 087 - 2603563	

Licence Application (Medical)

MEDICAL EXAMINATION NOTES

1. **First time applications only – Section B must be completed by your G.P. Renewal applicants must complete it themselves.**

2. **Professional Flat Riders must have an examination when they apply for their licence (unless already licence as a Qualified Rider) and then yearly from the age of 40 onwards.**

3. **Professional National Hunt Riders must have an examination when they apply for their licence (unless already licenced as a Qualified Rider) and yearly from the age of 35 onwards.**

4. **Apprentice jockeys must have an examination when they apply for their licence (unless already licenced as a Qualified Rider)**

5. **All Qualified Riders must have an examination when they apply for their licence and yearly from the age of 35 onwards.**

6. **Licence renewal examinations must be carried out by an Irish Horseracing Regulatory Board doctor or an Irish Horseracing Regulatory Board nominated doctor**

Concussion Testing Protocol

All professional jockeys must have a baseline test when applying for their licence and every 2 years thereafter. All Qualified Riders must have a baseline test when applying for their licence and every 5 years thereafter. In every case where a jockey has suffered concussion, he/she must have a baseline test when renewing their licence in the following year.

Existing licence or permit holders who, during the period of their licence or permit, suffer a significant injury/illness that could in any way affect their fitness to ride, must inform the Senior Medical Officer at the earliest opportunity.

Instructions to Examining Doctors

Please refer to the attached *"Medical Standards for Fitness to Ride"* when completing this examination. Each application will be scrutinised by the I.H.R.B. Senior Medical Officer, who may request additional information or specialist examination(s) as appropriate.

Please Turn Over ➔

CONFIDENTIAL MEDICAL REPORT

MEDICAL REPORT IN CONNECTION WITH AN APPLICATION TO RIDE UNDER THE RULES OF RACING OR THE IRISH NATIONAL HUNT STEEPLECHASE RULES

Professional Rider (From January 1st to 31st December)

Flat ☐ **N.H.** ☐ **Apprentice** ☐

Qualified Rider (Amateur) (From 1st September to 31st August)

Category A1 ☐ **Category A3** ☐ **Category B·** ☐

Category C ☐

SECTION A: - PERSONAL DETAILS (TO BE COMPLETED BY ALL APPLICANTS)

Surname: _____ **Forenames:** _____

Home Address: _____

_____

EirCode: _____ **Date of Birth:** _____

Tel No:(Home)_____ **Mobile:** _____

Email Address:_____ _____

Next of Kin:_____ **Tel No:**_____

Applicants Medical Practitioner:

Name:_____

Address:_____

_____

Tel No:_____

Do you have private Health Insurance? If Yes, specify provider and plan:

_____

Have you ever had a licence/permit refused or deferred on medical grounds?

_____

Date:	**Reason:**	**Date Re-Instated:**
_____	_____	_____
_____	_____	_____

Date of last medical examination by own G.P./I.H.R.B./Designated Doctor in support of an application for a licence?

_____

Please Turn Over ➔

SECTION B:-TO BE COMPLETED BY ALL APPLICANTS

If you are a first time applicant this section must be completed by your registered G.P. (who must also have all past medical records available). If applicant does not have a G.P. this form must be filled out by a I.H.R.B. nominated Doctor.

Applicant's Name:

(First time applicants only) **How long have you been the Applicant's registered G.P.?** _____

(First time applicants only) **From what date do you hold medical records on the Applicant?** _____

(All Applicants) Family History:

Diabetes:	Yes ☐ No☐	Heart Disease:	Yes ☐ No ☐
Blood Pressure:	Yes ☐ No☐	Raised Lipids:	Yes ☐ No ☐
Epilepsy:	Yes ☐ No☐	Mental Illness:	Yes ☐ No ☐
Dermatitis/Eczema:	Yes ☐ No☐	Asthma:	Yes ☐ No ☐

Social History:

Does the applicant smoke? Yes ☐ No☐ Daily consumption_____

Alcohol Use: Never Used ☐ Past Use ☐ Current Use ☐No of units/week_____

List all past Illnesses, Hospital Admissions or Surgery:

Date:	Diagnosis:		Outcome:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fractures, Dislocations or other Musculoskeletal Injury:

Date:	Diagnosis:		Outcome:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Concussive Episodes:

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

G.P. Name:_____

Address:_____

_____

_____

G.P. Signature:_____ **Date:**_____

CONCUSSION

Concussion is a minor 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 race riding while you are still recovering from concussion, whether you suffer it on the racecourse or on the gallops etc. If you suspect that you have suffered a concussion please inform the I.H.R.B. Senior Medical Officer for advice on management of it. 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 it's integrity will have been impaired.

I _____ acknowledge that I understand the potential risk that I am exposing myself to.
(If under 18, this must be signed by a parent or guardian).

Please Turn Over ➔

SECTION C: TO BE COMPLETED BY ALL APPLICANTS

Do you or have you ever had treatment for any of the following: **Lungs** - Asthma, Bronchitis, Pneumonia, Pleurisy, TB or other lung disease?	Yes ☐	No ☐
Diseases of Nose, Throat and Sinuses?	Yes ☐	No ☐
Ear Disease - Ear Infection, Hearing Loss, Loss of Balance, Dizziness, Buzzing or ringing of your ears?	Yes ☐	No ☐
Hay Fever, Allergies or Hives?	Yes ☐	No ☐
Heart - Rheumatic Fever, High Blood Pressure, Heart Disease, Heart Murmur, Raised cholesterol, Angina, Palpitations or any chest pain?	Yes ☐	No ☐
Varicose Veins, Phlebitis?	Yes ☐	No ☐
Diabetes, Thyroid Disease or any glandular problems?	Yes ☐	No ☐
Fits, Blackouts, Epilepsy, Head Injury, Severe Headache, Migraine?	Yes ☐	No ☐
Stroke, Paralysis, Impaired Walking?	Yes ☐	No ☐
Impaired Vision, any Eye Disease, Wear Glasses or Contact Lens?	Yes ☐	No ☐
Psychological Problems, Psychosis, Depression, Anxiety, Panic Attack?	Yes ☐	No ☐
Claustrophobia, Agoraphobia, Fear of Heights, enclosed spaces, etc?	Yes ☐	No ☐
GIT: Stomach or Duodenal Ulcers?	Yes ☐	No ☐
Gall Bladder Disease, Jaundice or Hepatitis?	Yes ☐	No ☐
Chronic Diarrhoea, Inflammatory Bowel Disease?	Yes ☐	No ☐
Dermatitis, Eczema, Rashes or any Skin Disease?	Yes ☐	No ☐
Kidney Disease, Kidney Stones or Bladder Problems?	Yes ☐	No ☐
Neck, Back or Spinal Injury or chronic or Recurrent Back Pain? Did you ever attend a Doctor for back pain?	Yes ☐	No ☐
Breast Problems of any kind?	Yes ☐	No ☐
Cancer - Tumour or growths?	Yes ☐	No ☐
Any visits to hospital or admissions unrelated to previously mentioned problems?	Yes ☐	No ☐
Any other X-Rays/Scans or anaesthetics other than those already mentioned?	Yes ☐	No ☐
Motion Sickness?	Yes ☐	No ☐
Weight gain or loss of more than 10lbs in previous year?	Yes ☐	No ☐
Are you allergic to any medications, foods, chemicals, animals, plants or have you had any adverse reaction to any? If yes please specify: _____	Yes ☐	No ☐
Date of last Tetanus vaccination? **(Please boost immunity if over 10 years ago) _____**		
Are you currently taking any Medication? **If so section D must be completed and returned**	Yes ☐	No ☐

Signature of Applicant:_____ Date: _____

IRISH HORSERACING REGULATORY BOARD

Section D: Medication Notification Form

Please complete this form and return it to the I.H.R.B. if you are taking any medication. Depending on the type of medication, you may need to consult your Doctor for help completing it. If you have any queries as to what needs to be completed, please contact the Senior Medical Officer Dr. Adrian McGoldrick on 087-2424404

Part A

Riders Name: _____

Please use this form for use of any permitted beta2agonists or corticosteroids by inhalation,
(e.g. Ventolin, Bricanyl, Symbicort, Seretide, Becotide, Pulmicort, Nasacort , Beconase etc.) or corticosteroids by injection.

By Inhalation - nose / mouth

Diagnosis and date of same	Name of Substance	Dosage	Prescribed by:	Duration of treatment

By Injection

Diagnosis and date of same	Name of Substance	Dosage (if known)	Prescribed by:	Route and Date of Administration

Name, address & contact number of yourDoctor:

Riders Signature _____ **Date** _____

Please Turn Over ➔

Part B (All Other Medications)

Diagnosis and date of same	Name of Substance(s)	Dosage	Prescribed by:

Riders
Signature:_____ **Date:_____**

Acknowledgement of receipt and approval by I.H.R.B. Senior Medical Officer

Doctors
Name:_____ **Signature:_____Date:_____**

IRISH HORSERACING REGULATORY BOARD

SECTION E: MEDICAL EXAMINATION

TO BE COMPLETED BY I.H.R.B. NOMINATED DOCTOR

Name: _____

Date of Examination: _____ **D.O.B:**_____

Height:_____ **Weight:**_____ **B.M.I.:**_____

B.P.:_____ **Pulse Rate:**_____ **Urine:**_____

Central Nervous System:

Pupils – size, equality, reaction	N ☐	AN ☐
Reflexes - Biceps, Triceps, Patella, Achilles	N ☐	AN ☐
Gait, Rhomberg, Co-ordination, Touch, Pinprick, Vibration, Prorioception	N ☐	AN ☐

Speech and Hearing: N ☐ AN ☐

E.N.T.:

Tympanic Membranes	N ☐	AN ☐
Nose	N ☐	AN ☐
Throat, Teeth and Gums	N ☐	AN ☐

Eye System:

Cornea, Fundi, Movement	N ☐	AN ☐
Colour Vision	N ☐	AN ☐
Visual Fields (Confrontation):	N ☐	AN ☐

Visual Acuity: (Minimum requirement distant vision: "good eye" 6/9 "worse eye" 6/18)

Uncorrected: Near R_____ L_____ Distant R____ L____

Corrected (Soft lens only permitted when race riding): Near R_____ L_____ Distant R____ L____

Chest: (clear of scars and deformity)	N ☐	AN ☐
Percussion & Auscultation	N ☐	AN ☐
Breasts	N ☐	AN ☐

Peak flow (if necessary):_____l/m

Cardiovascular System:

Heart Sounds	N ☐	AN ☐
Heart Murmur	Y ☐	N ☐
Peripheral Pulses	N ☐	AN ☐

Abdomen:

Palpation	N ☐	AN ☐
Hernial Orifices	N ☐	AN ☐
External Genitalia (men only)	N ☐	AN ☐
Other Abnormalities	Y ☐	N ☐

Musculoskeletal:

Muscle wasting, Scoliosis, Kyphosis, Scars	Y ☐	N ☐
Cervical and Dorso-Lumbar Movement	N ☐	AN ☐
Shoulders and Upper Limbs	N ☐	AN ☐
Hips and Lower Limbs	N ☐	AN ☐
Grip Strength	N ☐	AN ☐

If any abnormality above please clarify:

_____

_____

Examining doctor's opinion regarding the applicant's fitness to race ride**:**

FIT ☐ UNFIT ☐

I, the undersigned, hereby consent for the I.H.R.B. appointed Medical Officer to obtain any further information he may deem necessary from my Family Doctor or other treating Physicians or Surgeons.

Applicant's Signature:_____**Date:**_____

Name of examining Doctor (capitals):_____

Signature of examining Doctor:_____

Address:_____

Tel No:_____**Email:**_____**Fax:**_____

For Use by Senior Medical Officer
Concussion Baseline Up to Date: **YES ☐ NO ☐**
Approved: ***Yes / No / Deferred*** ***Date:***_____
Comments:
Signature: