Medical Examination Report - 2026

QUEENSLAND RACING INTEGRITY COMMISSION

IMPORTANT INFORMATION

The following Medical Examination Report is a mandatory component of the application, licence types are listed on page 2 and must be fully completed in its entirety. This section requires review and endorsement by both the Applicant and a suitably qualified Medical Practitioner.

Please ensure all required fields are accurately completed and all relevant signatures are provided prior to submission. Incomplete or unsigned reports may result in delays in processing the application.

The completed Medical Examination Report must be lodged together with the application documentation.

- Applicant must complete **Part A (Pages 2 and 3)**
- Medical Practitioner must complete **Part B (Pages 4 and 5)**

Privacy Collection Notice

The Racing Integrity Act 2016 (Qld) provides that the Queensland Racing Integrity Commission ('QRIC') is responsible for establishing and administering licensing schemes for each code of racing, including determining the criteria, qualifications and disqualifications applicable to each type of licence.

As part of QRIC's licence application and renewal process, applicants and licensees are required to undergo a medical examination to enable QRIC to assess whether the applicant or licensee is fit to hold a licence and to carry out the activities regulated by that licence.

QRIC collects the personal information contained in this report, including health information, for the purposes of:

- enabling an assessment of the applicant's or licensee's medical fitness to perform the activities regulated by the licence applied for; and
- assessing, so far as reasonably practicable, any inherent risks to the health and safety of the applicant or licensee, other people, or racing animals in performing the activities associated with the licence applied for.

Failure to complete all required sections of this report or to provide all relevant medical information may delay or affect the assessment of the application.

If your information is transferred outside Australia, it will be done so in compliance with the legal protections afforded under the Information Privacy Act 2009 (Qld) ('IP Act').

Personal information may be disclosed to third parties where authorised or required by law. Your information will be handled in accordance with the IP Act. You can gain access to and request that corrections be made to information held about you by QRIC. If you are concerned about a possible interference with your privacy, please contact QRIC's Privacy Officer by email at PrivacyOfficer@qric.qld.gov.au or by post addressed to the Privacy Officer at PO Box 650 Hamilton Central 4007.

By submitting this report, you consent to the collection, use and disclosure of your personal information for the purpose identified in this privacy collection notice

Queensland Racing Integrity Commission
PO Box 650
HAMILTON CENTRAL QLD 4007
ABN: 64 838 583 571

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Website: www.qric.qld.gov.au

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PART A – APPLICANT MUST COMPLETE PART A

Please tick which licence type applied for:

THOROUGHBRED	☐ Jockey	☐ Apprentice Jockey	☐ Trackwork Rider	☐ Trainer Riding Own Trackwork
HARNESS	☐ Driver	☐ Trainer	☐ Stablehand	

APPLICANT INFORMATION

Surname:	Given Names:
Title: ☐ MR ☐ MRS ☐ MS ☐ MISS ☐ OTHER	Date of Birth:

DETAILS OF PERSONAL MEDICAL HISTORY

HAVE YOU EXPERIENCED OR DO YOU SUFFER ANY OF THE CONDITIONS LISTED BELOW?

1. Depression, anxiety disorders, Post-Traumatic Stress Disorder, Obsessive-Compulsive Disorder, Attention-Deficit Disorder, Attention-Deficit/Hyperactivity Disorder, panic attacks, phobias, addictive behaviours (including alcohol, gambling), substance abuse, illicit drug use, attempted suicide, self-harming behaviours, or mental illness.	☐ Yes ☐ No
2. Headaches or Migraine.	☐ Yes ☐ No
3. Fits, convulsions, turns, blackouts, fainting, giddiness or Epilepsy.	☐ Yes ☐ No
4. Lung or chest infections, Pneumonia, Bronchitis, Asthma or Tuberculosis.	☐ Yes ☐ No
5. Heart disease, blood pressure, Rheumatic fever or Angina pectoris.	☐ Yes ☐ No
6. Indigestion, pain after eating, Gastric or Duodenal ulcers, Hiatus Hernia, Gall Bladder disease, recurrent Diarrhoea or Appendicitis.	☐ Yes ☐ No
7. Kidney or Bladder problems, Cystitis (Inflammation of the bladder) or Stones.	☐ Yes ☐ No
8. Diabetes, Goitre, Thyroid disease or any disease of the Lymphatic Glands.	☐ Yes ☐ No
9. Anaemia or blood disease.	☐ Yes ☐ No
10. Perforated eardrums, deafness, Tinnitus (noise in ears), earache, ear discharge or blocked ears.	☐ Yes ☐ No
11. Sinusitis, frequent head colds, blocked nose, hay fever or allergies.	☐ Yes ☐ No
12. Back, spine or neck injuries or pain or Arthritis.	☐ Yes ☐ No
13. Fractures or dislocations.	☐ Yes ☐ No
14. Head injury, concussion or unconsciousness.	☐ Yes ☐ No
15. Skin disease, Eczema or Dermatitis.	☐ Yes ☐ No
16. Speech defect.	☐ Yes ☐ No
17. Surgical procedures or hospital admission.	☐ Yes ☐ No
18. Any other sickness or injury not mentioned above.	☐ Yes ☐ No
19. Are you currently being treated by a doctor for any injury or illness?	☐ Yes ☐ No
20. Have you ever had or been told by a doctor or optometrist that you have had any abnormal vision, requiring you to wear spectacles or contact lenses?	☐ Yes ☐ No
21. Physical disabilities that may affect your ability to perform the requirements of the licence type applied for?	☐ Yes ☐ No

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PART A – CONTINUED

If you answered 'YES' to any of the questions on Page 2, you must supply additional medical information in the following table. Failure to provide this information at the time of assessment may result in unnecessary delays in progressing the application. *(Enclose a separate sheet if the space below is insufficient)*

Number	Details of condition/history

QUESTIONNAIRE

1. Have you at any time, received, applied for or do you currently receive any form of accident or disability benefit or pension? e.g. Worker's Compensation/Personal Injury Claim/Disability Pension etc. If YES, provide details: *(Enclose a separate sheet if the space below is insufficient)*	☐ Yes ☐ No
2. Have you ever suffered from a medical condition, injury or illness which has resulted in lost time from work for greater than two weeks?	☐ Yes ☐ No

NOTE – You are required to obtain written approval from Stewards for permission to ride, drive or handle a horse with a specifically prescribed banned substance in your system.

(To ensure compliance, refer to QR Codes below for the code of racing and the listed prohibited substances and discuss with Medical Practitioner)

Thoroughbred THOROUGHBRED

Harness HARNESS

APPLICANT DECLARATION

1. I declare that all the particulars stated in this report and attachments are complete and correct and that I have not withheld any relevant information or provided any false or misleading information, statement or declaration.
2. I acknowledge that if I withhold any relevant information or provide any false or misleading information, statement or declaration in this report or attachments I am liable for refusal, suspension or cancellation of my licence.
3. I declare should any of the Conditions contained herein become evident during the currency of my licence I agree to abstain from carrying on any activity regulated by or associated with the licence and immediately advise the Stewards, and if required submit myself to examination by a Medical Practitioner approved by QRIC.
4. I authorise QRIC to refer relevant information to other medical personnel to use the information for the purpose of assessing my suitability to be granted or retain a licence.
5. I acknowledge that I am required to provide immediate written notification to QRIC of any changes which may affect my fitness to carry out the activities associated with my licence.
6. I authorise QRIC to contact any Medical Practitioner or health professional identified in, or who has completed, this Medical Examination Report for the purpose of verifying the accuracy and completeness of the information provided in this report. I acknowledge that if QRIC is unable to verify relevant information, this may affect the assessment of my application.
7. I acknowledge that this Medical Examination Report and any resulting clearance does not guarantee the grant or renewal of a licence, and that the licensing decision remains a matter for QRIC.
8. I acknowledge that maintaining the required standard of medical fitness is an ongoing condition of holding a licence.

Applicant Surname:		**Applicant Given Names:**	
Signature of Applicant:		**Date:**	

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PART B – MEDICAL PRACTITIONER MUST COMPLETE PART B

Doctor Surname:		Doctor Given Names:	
Provider Number:			
Medical Practice:			
Practice Address:			
Date of Examination:			
Name of Patient:			
Patient Height: (m, barefoot)		Patient Weight: (kg, in underclothes)	

EYES:		**Details**
Visual acuity (Distant)	Right Left	
Uncorrected	6/ 6/	
Corrected	6/ 6/	
Eye Movement: Normal	Yes / No	
Fields (confrontation test) Normal	Yes / No	
Are contact lenses or spectacles worn?	Yes / No	
Should these be worn while riding/driving?	Yes/ No	
EARS, NOSE AND THROAT		**Details**
Nose - abnormality	Yes / No	
Ears - Right Ear	Left Ear	
Ext. auditory canal: Normal / Abnormal	Normal / Abnormal	
Tympanic Membrane Normal / Abnormal	Normal / Abnormal	
Conversational Voice at 2.5 metres	Normal / Abnormal	
MUSCULOSKELETAL SYSTEM		**Details**
Any spinal deformity or limitation of function?	Yes / No	
Any abnormality in strength, range of movement upper and lower extremities?	Yes / No	
Any limitation or derangement of a joint?	Yes / No	
CENTRAL NERVOUS SYSTEM		**Details**
Pupillary Reflexes	Normal / Abnormal	
Tendon / Reflexes	Normal / Abnormal	
Cranial Nerves	Normal / Abnormal	
Gross Sensory Disturbance	Yes / No	
Paresis – Tremor or Tics	Yes / No	
CARDIOVASCULAR SYSTEM		**Details**
Is pulse normal in rhythm and character?	Yes / No	
Heart sounds normal?	Yes / No	
Is Pulse rate (BPM) normal?	Yes / No	
Blood Pressure (sitting or lying)	Systolic / Diastolic ……. / …….	
RESPIRATORY:		**Details**
Any abnormality on clinical examination?	Yes / No	

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PART B – CONTINUED

Name of Patient:	

GENITO URINARY			Details
Urine	Sugar	Yes / No	
Urine	Albumen	Yes / No	
FEMALE APPLICANTS			**Details**
Is the applicant more than three (3) pregnant?		Yes / No / N/A	
GENERAL			**Details**
Do you consider that the applicant displays sufficient physical strength to ride or drive racehorses?		Yes / No	
Is there any evidence of alcohol or drug abuse?		Yes / No	
Do you consider any further Reports or Tests are required?		Yes / No	

MEDICAL PRACTITIONER NOTE

1. QRIC is the regulator of thoroughbred and harness racing in Queensland. Anyone who rides or drives racehorses must hold a licence issued by QRIC. Prior to issuing or renewing any licence, QRIC requires the rider/driver be assessed by a Medical Practitioner. This assessment will assist QRIC to assess whether the applicant is fit to hold a licence.
2. If the applicant is under any treatment involving medications/substances prohibited by the Rules of Racing, this may render them unfit for a licence, in which case this should be indicated below. The applicant is required to obtain written approval from Stewards for the use of prohibited substances, in certain circumstances.
3. Use of the words "Fit" or "Fitness" refers to the "Fitness" of the applicant to carry out the activities regulated by the licence applied for.

MEDICAL PRACTITIONER DECLARATION

I certify that I have conducted a medical assessment of the applicant for the purpose of assessing their fitness to perform the activities regulated by the licence applied for. The report has included a review and exploration of the applicant's stated medical history (as referenced in Part A) and a physical examination (as outlined in Part B). To the best of my knowledge and on the basis of the assessment undertaken, the information recorded in this report is accurate and complete at the time of examination. I acknowledge that the information is collected for the purpose of enabling QRIC to assess the applicant's fitness to carry out the activities regulated by the licence applied for, and I consent to being contacted by QRIC for the purpose of verifying the information provided in this report. I hereby declare that: *(please check appropriate box)*

☐	In my opinion the applicant **HAS NO SYMPTOMS OR CONDITIONS** that **MAY** render them unfit for the issue of the licence applied for and therefore **IS FIT** without restriction for the issue of the licence applied for. Further, I do not consider any further reports or tests are required of this applicant.
☐	In my opinion the applicant has the following symptoms or conditions*** that may render them **UNFIT** for the issue of the licence applied for *(attach separate letter if more space is required):* **SYMPTOM/CONDITION**

*** Where an applicant requires on-going treatment with medication or is otherwise taking such medications that are prohibited under the Rules of Racing, this may render them unfit for the issue of a licence and it is therefore appropriate to complete the above section.

Name of Medical Practitioner:			
Signature of Medical Practitioner:		**Date:**	

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