

OWN DOCTOR'S REPORT (316 Form)
*YOU MUST HAVE ACCESS TO THIS JOCKEYS RECORDS FOR A MINIMUM
OF TWO YEARS BEFORE COMPLETING THIS FORM*

To: The Medical Department
British Horseracing Authority
75 High Holborn
London WC1V 6LS

Name: _____

Address: _____

Telephone Number: _____

The above named has been a patient of mine since _____ (date of registration)

and his medical records are currently held by this practice since _____ (date)

He/she is not currently on medication and I have no evidence from his/her past history that he/she is unfit to hold a Professional or Amateur Jockey's Licence.

Signed: _____ Date: _____

Name: _____

Practice: _____

Tel Number: _____