

OWN DOCTOR'S REPORT (316 Form)

THIS FORM MUST BE COMPLETED BY A GP WITH ACCESS TO THE APPLICANTS
COMPLETE MEDICAL RECORDS

To: medical@britishhorseracing.com

Name: _____

Address: _____

Telephone Number: _____

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

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

S/he is not currently on medication and I have no evidence from her/his past history that
s/he is unfit to hold a Professional or Amateur Jockey's Licence under the Medical Standards
for Fitness to Ride:

https://media.britishhorseracing.com/bha/Medical/33_NMED_Fitness_to_Ride_Criteria.pdf

Signed: _____ Date: _____

Name: _____

Practice: _____

Tel Number: _____