

OWN DOCTOR'S REPORT (316 Form)

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

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 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://www.britishhorseracing.com/wp-content/uploads/2018/01/33-NMED-Fitness-to-Ride-Criteria-17.09.17.pdf>

Signed: _____ Date: _____

Name: _____

Practice: _____

Tel Number: _____