



Name :

Address :

To be Completed by Your General Practitioner

As 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 an IHRB nominated doctor.

Applicant's name:

How long have you been the Applicant's registered G.P.?

From what date do you hold medical records on the Applicant?

Family History:

Diabetes:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart Disease:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood Pressure:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Raised Lipids:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mental Illness:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dermatities/Eczema:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Social History:

Does the applicant smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily consumption:	
Alcohol Use:	Never Used <input type="checkbox"/> Past Use <input type="checkbox"/> Current Use <input type="checkbox"/>	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:

IRISH HORSERACING REGULATORY BOARD

THE CURRAGH, COUNTY KILDARE , IRELAND, R56 Y668. TELEPHONE (+353 45) 445600 FAX (+353 45) 445601

EMAIL : info@ihrb.ie WEBSITE : www.ihrb.ie



Please insert the year of your last Tetanus Vaccination Injection. This must be within the last 10 years otherwise you will require booster before your permit is granted:	Date:

For User by Applicant's General Practitioner:
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G.P. Signature:	G.P. Stamp:

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