M4: 04-17



NEW ZEALAND THOROUGHBRED RACING INC

PO Box 38386, Wellington Mail Centre | Telephone: (04) 576 6240 | Facsimile: (04) 568 8866 Web: www.nzracing.co.nz | Email: licensing@nzracing.co.nz

MEDICAL CERTIFICATE - RIDING WHEN PREGNANT

PLEASE NOTE

RIDER DETAILS
Rider's Name:

To be completed by a registered medical practitioner who has examined a pregnant rider seeking their advice in relation to their intention to race or participate in track work during a pregnancy, and who has read the NZTR Pregnancy Guidelines.

In accordance with the NZTR Pregnancy Guidelines, the examining medical practitioner may issue (if they consider the rider fit to race and/or participate in track work) a medical certificate for the pregnant rider to continue riding until:

- if the rider is in her first trimester, up to the end of the first trimester of the pregnancy; or
- if the rider is beyond the end of her first trimester, up to a seven day period.

Once completed this form is to be returned in person to the Chief Stipendiary Steward or by post (marked "Chief Stipendiary Steward - private and confidential") at NZTR, PO Box 38 386, Wellington Mail Centre.

E.D.D:			
Date of Birth:		d	
End of 1st Trimester:		20.	
Medical Practitioner's Name:			
DECLARATION		YES	NO
I have read the NZTR Pregnancy Guidelines			
I have examined the rider and discussed the issues and risks involved with the rider			
I have seen the consent form signed by the rider*			
I am satisfied that the rider	understands the issues, and the risks involved		
If at any stage I believe it is unsafe for the rider to continue riding I will notify NZTR (the rider has agreed for this to happen).			
I declare that the information which I have provided is correct and complete.			
The information collected on information, NZTR will at all t	this form will only be used for the purposes set out in the NZTR Pregnancy Guidelines. In the collection, u imes comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.	se and stora	ge of
Medical Practitioner's Sign	ature		
Date			