

DIVISION OF RACING EVENTS



ARAPAHOE PARK OFFICE

26000 E. QUINCY AVE.

AURORA, CO 80016

303-690-6910

303-690-6915 (FAX)

**PHYSICIAN'S CERTIFICATE FOR PHYSICAL
JOCKEY PERSONAL INFORMATION**

RACING LICENSE NUMBER

SOCIAL SECURITY NUMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS/ STREET/P.O.BOX CITY STATE ZIP CODE

Current Jockey Physical Card within previous 30 days? _____ (If yes, copy of card attached to form; No physical required)

Current Workers Comp Claim? _____ If yes, Where and Date? _____

Stakes Race Jockey Only? _____ If yes, no physical required; Completed form submitted with application

INJURIES (ABNORMALITIES FROM CONCUSSION, FRACTURES, RUPTURES, DISLOCATION OR BAD SPRAINS):

DISEASES FOLLOWED BY COMPLICATIONS:

OTHER ILLNESSES OR OPERATIONS:

PHYSICIAN PLEASE COMPLETE

HEIGHT	WEIGHT	SYSTOLIC	DIASTOLIC	RATE	RALES
		BLOOD	PRESSURE	RESPIRATORY	MOVEMENTS

NOTE ABNORMALITIES:

	BONES		TENDONS		EARS(HEARING)		HERNIA
	JOINTS		SKIN		THROAT		GENERAL PHYSIQUE
	ARCHES		NOSE		TEETH		OTHER:
	MUSCLES		EYES(VISION)		ABDOMEN		OTHER:

PHYSICIAN'S NAME (PRINT)

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S ADDRESS

CITY

STATE

ZIP CODE