JOCKEY/EXERCISE RIDER
PHYSICIAN'S CERTIFICATE OF PHYSICAL

NAME:_____
(Last) (First) (Middle)

ADDRESS:_____

DISEASES FOLLOWED BY COMPLICATIONS: _____

_____

OTHER ILLNESSES OR OPERATIONS: _____

_____

INJURIES:_____

_____

HEIGHT: _____ WEIGHT: _____

GENERAL PHYSIQUE:_____

NOTE ABNORMALITIES: BONES _____ JOINTS _____

ARCHES _____ MUSCLES _____ TENDONS _____

SKIN _____ NOSE _____ EYES (vision) _____

EARS (hearing) _____ THROAT _____ TEETH _____

ABDOMEN _____ HERNIA _____

LUNGS: RESPIRATORY MOVEMENTS _____ RATE _____ RALES _____

HEART: SIZE _____ RHYTHM _____ MURMURS _____

BLOOD PRESSURE: SYSTOLIC _____ DIASTOLIC _____

I have examined this person and believe this person to be physically fit to participate in horse racing as a jockey or exercise rider.

DATE: _____

_____
(Physician's Signature)

_____
(Address)

_____
(City) (State) (Zip)

_____
(Telephone Number)

Kansas Racing and Gaming Commission
700 SW Harrison, Suite 500
Topeka, KS 66603-3754
Phone: (785) 296-5800
Fax: (785) 296-0900