

OFFICE USE ONLY		TEXAS RACING COMMISSION 8505 CROSS PARK DRIVE STE 110 AUSTIN TEXAS 78754-4594 PHONE (512) 833-6699 FAX (512) 833-6907 www.txrc.state.tx.us	LICENSE #
CLERK			
TRACK			

PHYSICIAN'S CERTIFICATE FOR PHYSICAL

➤ PART 1 JOCKEY PERSONAL INFORMATION

TXRC LICENSE #		S S#	
FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS (STREET/PO BOX)		CITY	STATE
ZIP CODE	LOCAL PHONE # (AREA CODE)-(PHONE) ()		BUSINESS PHONE # (AREA CODE)-(PHONE) ()
HOME PHONE # (AREA CODE)-(PHONE) ()		FAX # (AREA CODE)-(PHONE) ()	

DISEASES FOLLOWED BY COMPLICATIONS:

INJURIES (ABNORMALITIES FROM CONCUSSION, FRACTURES, RUPTURES DISLOCATIONS OR BAD SPRAINS).

OTHER ILLNESSES OR OPERATIONS:

➤ PART 2 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:

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

PHYSICIAN'S NAME(PRINT)	PHYSICIAN'S SIGNATURE X	DATE
PHYSICIAN'S ADDRESS	CITY	STATE
		ZIP CODE

You are entitled to request to be informed about the information that the Commission collects about you, receive and review the information and, to have the Commission correct any information about you that is incorrect.