



# Texas Racing Commission

8505 Cross Park Drive, #110  
 Austin, TX 78754-4594  
 Phone (512) 833-6699  
 Fax (512) 833-6907  
 www.txrc.texas.gov

LICENSE #

## PHYSICIAN'S CERTIFICATE FOR PHYSICAL

### ➤ PART 1 JOCKEY PERSONAL INFORMATION

TXRC LICENSE #		SS #	
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 (ATTACH ADDITIONAL FORMS IF NEEDED):

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

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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.

PHYSICIAN'S NAME(PRINT)	PHYSICIAN'S SIGNATURE <b>X</b>	DATE	
PHYSICIAN'S ADDRESS	CITY	STATE	ZIP CODE
PHYSICIAN'S PHONE NUMBER	PHYSICIAN'S LICENSE/PERMIT NUMBER	PHYSICIAN'S STAMP	

**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.**