

# JOCKEY PHYSICAL FORM

**BEFORE MARKING THIS FORM, READ INSTRUCTIONS ON BACK PAGE**

<b>➤ PART 1 JOCKEY PERSONAL INFORMATION</b>		DATE OF BIRTH	SSN
FIRST NAME	MIDDLE NAME	LAST NAME	PHONE
MAILING ADDRESS		CITY	STATE ZIP CODE
AGENT	AGENT PHONE	EMAIL ADDRESS	
DISEASES FOLLOWED BY COMPLICATIONS:			
INJURIES (ABNORMALITIES FROM CONCUSSION, FRACTURES, RUPTURES, DISLOCATIONS, OR BAD SPRAINS):			
OTHER ILLNESSES OR OPERATIONS: _____			

<b>➤ PART 2 PHYSICIAN PLEASE COMPLETE</b>		HEIGHT	WEIGHT
SYSTOLIC	BLOOD PRESSURE	DIASTOLIC	RATE
		RESPIRATORY MOVEMENTS	RALES
<b>NOTE ABNORMALITIES</b>			
BONES	TENDONS	EARS (HEARING)	HERNIA
JOINTS	SKIN	THROAT	GENERAL PHYSIQUE
ARCHES	NOSE	TEETH	OTHER:
MUSCLES	EYES (VISION)	ABDOMEN	OTHER:
<b>I have examined this person and believe this person to be physically fit to participate in horse racing.</b>			
PHYSICIAN'S NAME (PRINT)		PHYSICIAN'S SIGNATURE	DATE
PHYSICIAN'S ADDRESS		CITY	STATE ZIP CODE

The Delaware Thoroughbred Racing Commission requires that all Delaware licensed jockeys annually provide appropriate medical evidence of his/her 'fitness to ride'.

**All costs incurred in providing this information are the responsibility of the jockey.**

Race riding is an activity that requires each and every jockey to exercise physical skills and judgment of an extreme high order. Any failure in a jockey's performance may not only put his/her life in danger but may also put others at risk of injury, permanent disability or death.

The final decision to grant or refuse a license rests solely with the Delaware Thoroughbred Racing Commission and such decisions may be subject to a medical review procedure where appropriate.

Existing Delaware licensed jockeys who during the period of their license suffer a significant injury or significant illness that could in any manner affect their fitness to ride, must inform the Delaware Racing Commission at the earliest opportunity. This applies to any significant illness or injury, regardless of whether or not it resulted from a racing incident.

**INSTRUCTIONS TO EXAMINING DOCTOR OR PHYSICIAN ASSISTANT**

**STANDARDS OF FITNESS TO RIDE IN RACES.** If any of the following statements apply, the individual should be declined or deferred.

**MEDICATION.**

1. The therapeutic effect of the medication may put a jockey at risk if injured.
2. The side effects, actual or potential, of the medication are such that they could interfere with the jockey's capability, judgment, co-ordination or alertness.
3. A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the jockey's physical capability, judgment, co-ordination or alertness.

**ASTHMA.** Individuals requiring oral steroids or who are severely debilitated by asthma.

**CONVULSIONS.** Individuals must be convulsion free for five (5) years, off all anti-convulsion medication for five (5) years and having no further liability to convulsions.

**MUSCULO-SKELETAL DISORDERS.** The Individual must have an appropriate range of pain free movement, radiological evidence of a sound bony union, clearance from an orthopedic surgeon and be able to demonstrate his/her ability to ride safely is unaffected. No jockey may wear a plaster cast, back brace, fiberglass support, prosthesis, harness or similar appliance.

**OTHER CONDITIONS THAT MAY WARRANT REFUSAL / DEFERMENT.** Established cardiovascular disease, endocrine disorders, chronic gastro-intestinal disease, renal failure or transplant, neoplasia, psychiatric disorders, debilitating respiratory disorders, neurological disorders, past history of head injury, intracranial bleed, skull fracture, intracranial A-V malformation or aneurysm, cerebrovascular disease, unexplained loss of consciousness, cranial surgery.

**SUGERY.** Following any surgical procedure, the jockey must obtain written clearance from the specialist performing the procedure.

**VISUAL ACUITY.** Minimum requirements with or without corrective lenses – 'good eye' 20/30 or better, 'worse eye' 20/60 or better. Monocular vision, visual field defects and diplopia are not acceptable.

**UPON COMPLETION OF EXAMINATION.** If the individual examined is found to be physically capable of riding in horse races, please complete and sign both the other side of this form and the attached Jockey Physical Card.