



**COLORADO**  
**Department of Revenue**

Enforcement Division – Racing  
Arapahoe Park Racetrack  
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## **Physical and Baseline Concussion Test Information Sheet**

### **Information Regarding Jockey Physicals and Baseline Concussion Testing**

Jockeys are required to have a physical examination with a physician's certification that you are fit to participate, dated within the past 30 days. The Board of Stewards may waive this requirement if you have had a physical in the last 365 days and have proof of your fitness to participate.

If you have proof of your fitness to participate (physical card, signed doctor's note on official letterhead, etc.) please bring a copy of the proof and Page 2 of this form to a Steward to request that the 30-day physical requirement be waived.

If you require a physical examination, please bring Page 2 of this form to your physician and ask him or her to complete the Physician's Certification.

A copy of Page 2, must accompany your application or validation.

Jockeys are required to have a baseline concussion test performed prior to being permitted to participate. Baseline concussion tests are a helpful tool for medical and EMT staff in diagnosing concussions after a potential concussing event has occurred. A baseline concussion test should be performed prior to the start of the race meet.

If you DO NOT have proof of a baseline concussion test being performed in the last two (2) years or if you have received a medical diagnosis of a concussion after performing a baseline concussion test, you must have a baseline concussion test performed prior to being allowed to participate.

Please consult your physician's office for information on baseline concussion testing. Some third-party vendors offer on-line and in-person baseline concussion testing at a reasonable fee if your physician is unable to provide such testing.

If you are ONLY riding in a stakes race AND this is your first time riding at Arapahoe Park this season, the Board of Stewards may waive the physical and baseline concussion test requirements for up to seven (7) days. **YOU WILL NOT BE ALLOWED TO PARTICIPATE IN ANY RACES AT ARAPAHOE PARK AFTER THAT TIME PERIOD EXPIRES UNTIL YOU PROVIDE THE REQUIRED DOCUMENTATION.**

First Name		Middle Name		Last Name	
<b>Physician's Certification</b> This person is applying for a State of Colorado occupational license to be a professional horse racing jockey.					
_____ was examined at _____ <i>Patient / Jockey Name</i> <span style="float: right;"><i>Doctors Office Name</i></span>					
was seen on _____ for a physical examination and was found to be in good physical condition.					
<input type="checkbox"/> Baseline concussion testing was performed. Patient was provided with results.					
<input type="checkbox"/> Baseline concussion testing was not performed. Patient was referred to _____					
Physician's First Name (Print)			Last Name		
Physician's Address			City	State	Zip Code
Physician's Signature					Date
<b>***For Racing Personnel Office Use Only***</b>					
License Number	Expiration Date	Licensing Office Approval			Date
Baseline Date	Physical Waived <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Date	Stakes Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Requirements waived until	
Steward's Approval Signature					Date
By signing here I affirm the above statements are true and correct to the best of my knowledge, I have received page 1 of this form and I understand the requirements to participate as a jockey in the state of Colorado.					
Jockey Signature					Date