



UPHA EXCEPTIONAL CHALLENGE CUP NATIONAL CHAMPIONSHIP

Medical Certification Form

**MUST BE PERFORMED AND COMPLETED BY A LICENSED MEDICAL EXAMINER
(physician, physician assistant, or chiropractor)**

Please print your responses to each of the following questions concerning your examination of the rider. It is important that you answer all questions on this document. Thank you for your assistance.

Riders Name: _____

1. Date of most recent medical examination: _____

2. Diagnosis: _____

3. Describe symptoms that may be relevant to the rider's ability to ride and or show a horse:

I am a licensed medical examiner (physician, physician assistant or chiropractor) the above information is accurate to the best of my knowledge and I certify there is no medical reason available to me which would preclude the rider's participation in the UPHA Exceptional Challenge Cup National Championship.

Signature

Date

Please print the following information in regards to Medical Examiner:

Name: _____

Address: _____

Phone: _____