

**TO:** All Riders

**RE:** 2017 Hill Climb Series Rider Baseline Testing Requirement

After consultation with an ImPACT certified neurologist, beginning in 2017 all riders in the AMA Pro Racing Hillclimb will be required to have completed a neurocognitive baseline ImPACT test/assessment from ImPACT Applications, Inc. within the last two years. This test is a mandatory part of the Competition License application and must be completed before a license will be issued. The test must be performed by a healthcare provider who is a Credentialed ImPACT Consultant (CIC). To find a provider near you, see [http://www.impacttest.com/find\\_care\\_provider](http://www.impacttest.com/find_care_provider). In the “Find A Care Provider In Your Area” section, use the drop down menu for “Select Provider” and choose “CIC”.

**Where do I get a baseline test?**

1. From any credentialed ImPACT consultant listed on ImPACT’s website [http://impacttest.com/find\\_care\\_provider](http://impacttest.com/find_care_provider),  
OR
2. From Provider of your choice.

**What do I send to AMA Pro Racing?**

Riders will need to complete the AMA Pro Racing Baseline Testing Submission form and follow its instructions. If you have any questions, please contact the Competition Department at 386-492-1014.

**BASELINE TESTING SUBMISSION FORM**

**PLEASE TYPE OR PRINT**

Competitor Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**ImPACT Test Information**

My Baseline was performed by:

\_\_\_\_\_  
Printed Name of Credentialed ImPACT Consultant      Date

\_\_\_\_\_  
Signature of Credentialed ImPACT Consultant      Date

Should a copy be necessary for evaluation and/or treatment, a copy will be on file and available within 24 hours per any request from a treating physician at the following location:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      \_\_\_\_\_  
State      \_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_  
Phone      Weekend Contact Information

Pass ID # \_\_\_\_\_

Competitor Signature: \_\_\_\_\_      Date: \_\_\_\_\_

*If you have any questions, please contact AMA Pro Racing*  
**David McGrath – 525 Fentress Blvd, Suite B – Daytona Beach, Florida 32114**  
**Phone: 386-492-1014      Fax: 386-274-2335**

