

MEDICAL CARD

Date completed:

PERSONAL DETAILS

CONTACT DETAILS

Riders name in full:		Name of your own Doctor:	
Riders body weight:		Address of Doctor:	
Riders permanent address:		Telephone No. of doctor (include area codes)	
Riders D.O.B.		Name: (Next of kin)	
Home Telephone:		Relationship:	
MOB telephone Number:		Address:	
Horse float/truck details Make:		Telephone number:	
Colour:		Name of 2nd Contact: You Must provide 2 contacts	
Registration number:		Telephone number:	

PREVIOUS MEDICAL HISTORY

PLEASE RECORD ALL DETAILS

Previous injuries		INJURIES
Head		
Concussion		
Face		
Neck		
Back		
Abdomen		
Limbs		
Previous surgical operations and/or medical conditions		OPERATIONS & MEDICAL CONDITIONS
Diabetes		
Epilepsy		
Blackouts		
Asthma		
Heart		
Lung		
Other (including, kidney)		
Other information		GIVE DETAILS OF ALL ALLERGIES
Normal sight		
Normal pupils		
Do you wear contact lenses		
Normal hearing		
Allergies		
Medication		RECORD ALL CURRENT MEDICATION
Are you taking any medication?		
Are you taking cortisone (steroids)?		
Have you ever required cortisone (Steroid treatment)?		
What is your blood group?		
Date of last tetanus immunisation		