

# MEDICAL CARD

**Date completed:**

## PERSONAL DETAILS

## CONTACT DETAILS

Riders name in full:		Name of your own Doctor:	
<b>Riders body weight:</b>		Address of Doctor:	
Riders permanent address:		Telephone No. of doctor <u>(include area codes)</u>	
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

<b>Previous injuries</b>		<b>INJURIES</b>
Head		
Concussion		
Face		
Neck		
Back		
Abdomen		
Limbs		
<b>Previous surgical operations and/or medical conditions</b>		<b>OPERATIONS &amp; MEDICAL CONDITIONS</b>
Diabetes		
Epilepsy		
Blackouts		
Asthma		
Heart		
Lung		
Other (including, kidney)		
<b>Other information</b>		<b>GIVE DETAILS OF ALL ALLERGIES</b>
Normal sight		
Normal pupils		
Do you wear contact lenses		
Normal hearing		
Allergies		
<b>Medication</b>		<b>RECORD ALL CURRENT MEDICATION</b>
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		