

NEXT OF KIN

NAME.....

RELATIONSHIP TO CARD HOLDER

ADDRESS.....

.....

.....

POSTCODE

TEL. NO.

.....

HORSE BOX DETAILS

MAKE.....

COLOUR.....

REGISTRATION NO

ANY RIDER WHO HAS A FALL SHOULD BE CHECKED BY AN OFFICIAL AND/OR A DOCTOR BEFORE CONTINUING. THE OFFICIAL OR DOCTOR MAY SUSPEND THE RIDER ON MEDICAL GROUNDS IF IN THEIR VIEW THE RIDER SHOULD NOT CONTINUE.

EQUESTRIAN MEDICAL CARD

PLEASE COMPLETE ALL SECTIONS

NAME (IN FULL)

DATE OF BIRTH

RELIGION.....

PERMANENT ADDRESS.....

.....

POSTCODE

TEL. NO.

NAME OF YOUR GP.....

ADDRESS.....

.....

POSTCODE

TEL. NO.

PREVIOUS MEDICAL HISTORY

PREVIOUS INJURIES	YES	NO	SPECIFY WITH DATES
HEAD			
CONCUSSION			
FACE			
NECK			
BACK			
CHEST			
ABDOMEN			
LIMBS			

PREVIOUS SURGICAL OPERATION(S): YES/NO

IF YES, SPECIFY WITH DATE(S)

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MEDICAL CONDITIONS	YES	NO	CURRENT MEDICATIONS
DIABETES			
EPILEPSY			
BLACKOUTS			
ASTHMA			
HEART			
LUNG			
KIDNEY			
OTHER			

MEDICAL CONDITIONS CONTINUED

MEDICAL CONDITIONS	YES	NO	SPECIFY WITH DETAILS
DO YOU HAVE NORMAL PUPILS?			
DO YOU WEAR CONTACT LENSES?			
DO YOU HAVE NORMAL HEARING?			
DO YOU HAVE ANY ALLERGIES?			
ARE YOU ON ANY MEDICATION?			
ARE YOU ON CORTISONE (STEROIDS)?			
HAVE YOU EVER REQUIRED CORTISONE (STEROID) TREATMENT?			

BLOOD GROUP?

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DATE OF LAST TETANUS IMMUNISATION.....

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ANY OTHER RELEVANT INFORMATION.....

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