

## PERSONAL DETAILS

Next of kin: .....

Relationship: .....

Name: .....

Address: .....

Telephone number: .....

**Horse float/truck details**

Make: .....

Colour: .....

Registration number: .....



Medic Alert No. ....

## MEDICAL CARD

Name of your own doctor: .....

Address of doctor: .....

Telephone No. of doctor (include area codes): .....

## PERSONAL DETAILS

Name in full: .....

Date of birth: .....

Permanent address: .....

Telephone number: .....

## PREVIOUS MEDICAL HISTORY

Previous injuries	YES	NO
Head		
Concussion		
Face		
Neck		
Back		
Abdomen		
Limbs		
Previous surgical operations and/or medical conditions	YES	NO
Diabetes		
Epilepsy		
Blackouts		
Asthma		
Heart		
Lung		
Other (including kidney)		
Other information	YES	NO
Normal sight		
Normal pupils		
Do you wear contact lenses		
Normal hearing		
Allergies		
Medication	YES	NO
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		

## PLEASE RECORD ALL DETAILS

**INJURIES**

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**OPERATIONS & MEDICAL CONDITIONS**

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**GIVE DETAILS OF ALL ALLERGIES**

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**RECORD ALL CURRENT MEDICATION**

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