

PERSONAL DETAILS

Next of Kin:
 Name: _____
 Relationship: _____
 Address: _____

 Telephone No: _____

Horse Float/Truck Details:
 Make: _____
 Colour/s: _____
 Registration No: _____

Any other details:

Medic Alert No:

**MEDICAL CARD
 PERSONAL DETAILS**

Name in Full: _____

Date of Birth: _____

Usual Address: _____

Telephone No: _____

MEDICAL DETAILS

Name of your own Doctor: _____

Doctor's Address: _____

Telephone No:
 (inc. area codes) _____

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		
Lungs		
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

PRIOR INJURIES (and date)

OPERATIONS & MEDICAL CONDITIONS

DETAILS OF ALL ALLERGIES

RECORD ALL CURRENT MEDICATIONS

