

Vehicle Details	
Make:	Colour:
Registration Number:	
Horse Box:	Colour:
Person Responsible for horse at show:	
Cell:	

Compulsory Medical Information

Allergies:

<i>Previous Injuries</i>	<i>Y</i>	<i>N</i>	Date:	Details:
Head / Face:				
Concussion:				
Neck / Back:				
Chest:				
Abdomen/Pelvis:				
Limbs:				

Previous Surgical Operations:	Yes	No
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If yes, please list below with dates:

Medical Conditions

Condition	Yes	No	Condition	Yes	No
Diabetes			Blackouts		
Epilepsy			Asthma		
Cardiac			Hypertension		
Normal Hearing			Contact Lenses		
Cortisone			Specacles		

Details of Medication:

Laste Tenaus Vaccination:

Blood Group:

EVENTING SA
Medical Card for Rider



This information is to enable show organisers, medical and/or veterinary officials to make appropriate descisions in the event of injury where you may not be able to communicate relevant information yourself. Although some information may be regarded as confidential, it is crucial to be as comprehensive as possible for your own safety.

Name (in full):

Personal Details

Date of Birth:	Religion:
Address:	
Telephone:	Cell:
Next of Kin:	
Relationship:	
Telephone:	Cell:

Medical Details

Medical Aid:	
Medical Aid Number:	
Name of Doctor / Hospial:	
Telephone	Cell:

Medical Officer Injury Notes:

Large empty box for Medical Officer Injury Notes.