

Equestrian Sports Medical Card

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Blood Type: _____

Allergies to Medicine: _____

Emergency Contact: _____

Phone: _____

----- EXPIRES 31/12/2012 -----

Medical History

(Complete all sections. Mandatory for FEI Competitions)

' Any serious illnesses? (diabetes, heart disease, seizures, asthma): _____

' Recent Surgery? _____

No Yes

Head injury or Concussion(s):
List dates: _____

Neck or back injuries: _____
List dates: _____

Fractures or dislocations: _____
List dates: _____

Chest or Abdominal injuries: _____
List dates: _____

Last Tetanus Immunisation: Date: _____

Current Medications: _____
