

RIDER'S MEDICAL PROFILE - PERSONAL RECORD

SURNAME: GIVEN NAMES:
 ADDRESS:
 POST CODE: PHONES: (07) home (07) work
 SEX: DATE OF BIRTH: AGE: HEIGHT: WEIGHT:Kg
 BLOOD GROUP: Do you object to transfusions:

EMERGENCY CONTACT

SURNAME: GIVEN NAMES:
 PHONES: (07) home (07) work mobile
 Relationship:

HEALTH CARE DETAILS

MEDICARE NO: Private Health Insurance Yes / No Which:

DOCTOR:PHONE: (07)

DR's ADDRESS:

Can the Doctor be contacted at all times? Yes / No

DENTIST: PHONE: (07)

Dentist's Address:

Can the Dentist be contacted at all times? Yes / No

CURRENT HISTORY

Current Medical Problems:

Regular medications including supplements, stating name and dosage

Allergies: Injuries:

Is your tetanum booster current? Yes / No. Date of last booster:

Have you had...	Yes/No	Do You Wear..	Yes/No
Epilepsy		Glasses	
Hepatitis A		Contact Lenses	
Hepatitis B		Protective	
Diabetes		Equipment	
Heart Problems		Mouthguard	
Asthma/bronchitis		Braces	
Hernia			
Concussion			

<p>Have you sustained... A fracture in the last 3 years? Yes No Where?</p> <p>A dislocation? Yes No Where?</p> <p>Do you suffer from..... Recurring pain in any joints? Yes No Which Joint?</p>
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Have you ever been treated for head or spinal injury? Yes () No () Give details:

To the best of my knowledge, all information contain on this sheet is correct.

Signed: Date:

(Rider or Parent/Guardian)