

**NEXT OF KIN**

NAME.....

RELATIONSHIP TO CARD HOLDER .....

ADDRESS.....

.....

.....

POSTCODE .....

TEL. NO. ....

.....

**HORSE BOX DETAILS**

MAKE.....

COLOUR.....

REGISTRATION NO .....

**ANY RIDER WHO HAS A FALL SHOULD BE CHECKED BY AN OFFICIAL AND/OR A DOCTOR BEFORE CONTINUING. THE OFFICIAL OR DOCTOR MAY SUSPEND THE RIDER ON MEDICAL GROUNDS IF IN THEIR VIEW THE RIDER SHOULD NOT CONTINUE.**

**TEMPORARY MEDICAL CARD**

VALID FOR THE VALE OF AYLESBURY  
SPONSORED RIDE IN 2012 ONLY

**PLEASE COMPLETE ALL SECTIONS**

NAME (IN FULL) .....

DATE OF BIRTH .....

RELIGION.....

PERMANENT ADDRESS.....

.....

.....

POSTCODE .....

TEL. NO. ....

.....

NAME OF YOUR GP.....

ADDRESS.....

.....

POSTCODE .....

TEL. NO. ....

**PREVIOUS MEDICAL HISTORY**

PREVIOUS INJURIES	YES	NO	SPECIFY WITH DATES
HEAD			
CONCUSSION			
FACE			
NECK			
BACK			
CHEST			
ABDOMEN			
LIMBS			

**PREVIOUS SURGICAL OPERATION(S): YES/NO**

**IF YES, SPECIFY WITH DATE(S) .....**

.....

MEDICAL CONDITIONS	YES	NO	CURRENT MEDICATIONS
DIABETES			
EPILEPSY			
BLACKOUTS			
ASTHMA			
HEART			
LUNG			
KIDNEY			
OTHER			

**MEDICAL CONDITIONS CONTINUED**

MEDICAL CONDITIONS	YES	NO	SPECIFY WITH DETAILS
DO YOU HAVE NORMAL PUPILS?			
DO YOU WEAR CONTACT LENSES?			
DO YOU HAVE NORMAL HEARING?			
DO YOU HAVE ANY ALLERGIES?			
ARE YOU ON ANY MEDICATION?			
ARE YOU ON CORTISONE (STEROIDS)?			
HAVE YOU EVER REQUIRED CORTISONE (STEROID) TREATMENT?			

BLOOD GROUP? .....

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DATE OF LAST TETANUS IMMUNISATION.....

.....

ANY OTHER RELEVANT INFORMATION.....

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