# Medical Arm Band Information Form

| **Medical Data** | **Primary Physician** | **Rider's Personal Data** |
|---|---|---|
| **Previous Injuries (Yes or No)**<br>**No Yes**<br>□ □ Head<br>□ □ Concussion<br>□ □ Face<br>□ □ Neck<br>□ □ Back<br>□ □ Abdomen<br>□ □ Limbs | **Doctor's Name**<br>……………………..<br>**Address**<br>……………………..<br>……………………..<br>……………………..P/code……<br>**Phone**<br>……………………..<br>…………………….. | **Full Name**<br>……………………………….<br>**Permanent Address**<br>……………………..<br>……………………..<br>……………………..P/code……<br>**Date of Birth**<br>…../…../…….<br>**Home Phone No** |
| **Operations & Medical Conditions**<br>**(Yes or No)**<br>□ □ Diabetes<br>□ □ Epilepsy<br>□ □ Blackouts<br>□ □ Asthma<br>□ □ Heart<br>□ □ Lung | **1st Emergency Contact**<br>**Name & Relationship**<br>……………………..<br>……………………..<br>**Phone**<br>……………………..<br>…………………….. | ……………………..<br>**Mobile Phone No**<br>……………………..<br>**Horse Float/Truck Make**<br>……………………..<br>**Rego**<br>……………………..<br>**Colour**<br>…………………….. |
| **Other**<br>**(Yes or No)**<br>□ □ Normal Sight<br>□ □ Do you wear Glasses?<br>□ □ Do you wear Contacts?<br>□ □ Normal Hearing | **2nd Emergency Contact**<br>**Name & Relationship**<br>……………………..<br>……………………..<br>**Phone**<br>……………………..<br>…………………….. | **Medicare Number**<br>……………………..<br>**Health Fund**<br>……………………..<br>**Fund Membership Number**<br>…………………….. |
| **Allergies**<br>……………………………………<br>……………………………………<br>……………………………………<br>……………………………………<br>**Current Medication**<br>……………………………………<br>……………………………………<br>…………………………………… | **Dentist's Name**<br>……………………..<br>**Address**<br>……………………..<br>……………………..<br>……………………..P/code……<br>**Phone**<br>……………………..<br>…………………….. | **Blood Group**<br>……………………..<br>**Date of last Tetanus Shot**<br>…../…../……. |