

# EVENTING 2019

## Medical Information Sheet

NAME: \_\_\_\_\_

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

It is compulsory to carry this sheet on you  
when you are competing at any EVENTING show

### COMPULSORY MEDICAL DETAILS

Allergies:

PREVIOUS INJURIES:

Y

N

Head/Face

Concussion

Neck

Back

Abdomen/Palvis

Limbs

Other (Specify):

### PERSONAL DETAILS:

Name (in full):

Date of Birth:

Address:

Telephone No:

Cell No:

Next of Kin:

Relationship:

Telephone No:

Cell No:

MEDICAL HISTORY:

Y

N

Blackouts

Epilepsy

Hypertension

Cardiac

Diabetes

Asthma

Other (Specify):

### MEDICAL AID DETAILS:

Medical Aid:

Membership No:

Name of Doctor:

Telephone No:

Normal Hearing

Contact Lenses

Spectacles

### VEHICLE/ PERSON RESPONSIBLE FOR HORSE:

Vehicle Make & Colour:

Registration No:

Description:

Person responsible for your horse at show (other than yourself):

Telephone No:

Medication Details:

Last Tetanus Vaccination:

Blood Type:

Other NB Information: