

# EQUESTRIAN MEDICAL CARD

PLEASE COMPLETE ALL SECTIONS

NEXT OF KIN

NAME .....

RELATIONSHIP TO CARD HOLDER .....

ADDRESS .....

.....

.....

POSTCODE .....

TEL. NO. ....

HORSE BOX DETAILS

MAKE .....

COLOUR .....

REGISTRATION NO .....

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) .....

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## 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 (STERIODS)?			
HAVE YOU EVER REQUIRED CORTISONE (STERIOD) TREATMENT?			

BLOOD GROUP .....

DATE OF LAST TETANUS IMMUNISATION .....

ANY OTHER RELEVANT INFORMATION .....

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