

**IF YOU ARE HAVING DIFFICULTY COMPLETING THE MEDICAL INFORMATION PLEASE CONTACT YOUR PHYSICIAN.**

**THIS DOCUMENT MUST NOT BE DESTROYED, BUT RETAINED FOR INSPECTION.**

**Name of Rider** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel #:** \_\_\_\_\_

**PREVIOUS MEDICAL HISTORY**

Previous Injuries	Yes	No
Head		
Concussion (State #)		
Face		
Neck		
Back		
Chest		
Abdomen		
Limbs		
Surgical Operations		
Diabetes		
Epilepsy		
Blackouts		
Asthma		
Heart		
Lung		
Other (Including Renal)		

**PERSONAL INFORMATION CONTINUED**

**Emergency Contact** \_\_\_\_\_

**Tel #:** \_\_\_\_\_

**Tel #** \_\_\_\_\_

**Tel #** \_\_\_\_\_

**HORSE VAN DETAILS**

**Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Colour:** \_\_\_\_\_

**License #** \_\_\_\_\_

**SUPPLEMENTARY INFORMATION**

	Yes	No
Normal Eye Sight		
Normal Pupils		
Contact Lenses		
Normal Hearing		
Hearing Aid		
Allergies		
Medication		
Date of last Tetanus		

**PERSONAL PHYSICIAN INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel #:** \_\_\_\_\_

Please record the details below of previous injuries/surgical operations/medical conditions, including dates:

Accident date \_\_\_\_\_ Competition \_\_\_\_\_

Please record all current medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please record details allergies to medicines :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE COMPETITOR TO COMPLETE AND KEEP CURRENT ALL SECTIONS OF THE MEDICAL CARD**

**PLEASE REFER TO THE EQUINE CANADA REGULATIONS WHEN COMPLETING YOUR MEDICAL CARD.**

**IF YOU HAVE DIFFICULTIES COMPLETING THIS CARD CONSULT YOUR PERSONAL PHYSICIAN**