

# **Advanced Rider Training**

## **RIDER MEDICAL INFORMATION - 2009**

**PLEASE PRINT and submit on the day of your course.**

Each rider must complete this form concerning their medical history each time you attend a course. Information obtained will be treated as confidential and will only be available to the Doctor/Health Professionals to use in the event of any injuries or accidents.

***THIS FORM IS MANDATORY***

Name of Rider:

Residential Address:

Phone Home:

Mobile:

Medicare #:

Date of Birth:

Age:

Next of Kin:

Relationship:

Next of Kin Contact Number: (MANDATORY)

What is your blood group?

Have you ever had neck problems?

If yes give details:

Have you ever had back problems?

If yes give details:

Have you ever had broken bones?

If yes give details:

Do you have any allergies?

If yes give details: eg penicillin/iodine?

When did you last have a tetanus injection?

Do you take any prescribed medication or drugs on a regular basis?

If yes give details:

Do you have any medical conditions or illnesses?

If yes give details:

Do any complications arise if you are administered a general anaesthetic?

If yes give details:

Any other relevant or important medical details:

1. I have provided all relevant and important medical details;
2. I agree that Advanced Rider Training and its agents will not be liable for any medical treatment I receive and will not be responsible or liable for the confidentiality of this information once handed to health professionals.

Signature:

Date: