EQUINE HIPPIQUE CANADA

Equine Canada

MEDICAL CARD

2008

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 #: _____

PERSONAL INFORMATION CONTINUED

Emergency Contact _____

_____

Tel #: _____

Tel # _____

Tel # _____

HORSE VAN DETAILS

Make: _____

Model:	
Colour:	
License #	

PERSONAL PHYSICIAN INFORMATION

Name: _____

Address: _____

_____

_____

Tel #: _____

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 PHYSICAN

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)		

SUPPLEMENTARY INFORMATION

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

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 :