

# DRESSAGE TASMANIA YOUNG RIDER SQUAD

## 2019 MEDICAL FORM

Rider Name:	
<b>Emergency Contact/s</b>	
Name:	Relationship:
Phone – Mobile:	Home:
Name:	Relationship:
Phone – Mobile:	Home:
Medicare Number:	Private Cover Fund:
Doctor's name:	Phone:

Please tick if you suffer from any of the following, listing any medication or other important information.

<input type="checkbox"/> Asthma:
<input type="checkbox"/> Heart Problems:
<input type="checkbox"/> Tiredness/Fatigue:
<input type="checkbox"/> Allergies (please list):
<input type="checkbox"/> Diabetes:
<input type="checkbox"/> Back Problems:
<input type="checkbox"/> Operations in the last 12 months:
<input type="checkbox"/> Any other medical history we should be aware of:

