



Equine Canada
MEDICAL CARD

2010

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 PHYSICIAN**

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 :

