

MOTORCYCLE SPORTSMEN OF QLD Inc.

RIDER/VOLUNTEER MEDICAL INFORMATION - 2010

PLEASE PRINT

Each rider/volunteer must complete this form (including sidecar passengers) concerning their medical history. 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/Volunteer:		
Nickname:		
Residential Address:		
Phone Home:	Mobile:	Work:
Date of Birth:	Medicare #:	
Weight:	Height:	
Next of Kin:	Relationship:	
Next of Kin Contact Number: (MANDATORY)		
Marital Status:	Name of Partner/Spouse:	
Children:		
Address:		
Phone Home:	Mobile:	Work:
Name of General Practitioner:		
Surgery Address:		
Surgery Phone:	Mobile:	A/H:
What is your blood group?		
Do you have false teeth? Caps or crowns? If yes give details:		
Do you smoke? If yes how many per day?		
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:
Have you ever used steroids (hydrocortisone/prednisone)? If yes give details: When? For how long?
Any other relevant or important medical details:
1. I have provided all relevant and important medical details; 2. I agree that the Motorcycle Sportsmen of Qld Inc. 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: