

Must be completed and carried on your person when participating in all carriage driving activities.

Date of Birth: ____/____/____

Phone: _____ Mobile: _____

Address: _____

Your Full Name: _____

Medical Information Card



Australian Carriage Driving Society Inc
Victorian Branch

Signature: _____ Signature: _____ <small>(Parent or Guardian if under 18 years)</small>	Name: _____ Preferred Vet: (if any, give details) _____ Phone: _____
Ambulance Membership: Yes No (Circle) _____ <small>(Details)</small>	
Description of Car/Float/Truck: _____ Make: _____ Colour: _____ Rego. Number: _____	
Current Doctor: _____ Name: _____ Phone: _____ Suburb: _____	
Name: _____ Phone: _____ Mob: _____ Relationship: _____ <small>(Parent or Guardian if under 18 years)</small>	

<u>Current medical condition:</u> (Give details) _____ _____ _____ _____	<u>Previous operations:</u> (Give details) _____ _____ _____ _____
<u>Current Medications taken:</u> (Give details) _____ _____ _____ _____	<u>Previous injuries:</u> (Give details) _____ _____ _____ _____
<u>Current Allergies:</u> (Give details) _____ _____ _____ _____	<u>Hearing Aid/s:</u> (Circle) Yes No (Circle) Left ear Right ear <u>Dentures:</u> (Circle) Yes No Full Partial (Circle) Upper Lower (Circle)
<u>Sight:</u> Glasses worn? (Circle) Yes No Contact lenses worn? (Circle) Yes No <u>Blood group:</u> _____ <small>(if known)</small>	