

Riders Name		DOB	
Home Address			
Contact Number		Class	Sidecar

Next of Kin

Name			
Home Address			
Contact Number Home		Mobile	

GP Details (Your own family doctor)

Name			
Surgery Name and Address			
Telephone Number			
Local Hospital			
Hospital Telephone Number			

Specialists details (any previous or current care i.e. Physio, Orthopaedic surgeons, therapists etc.)

Name		
Address		
Telephone Number		
Speciality		

Have you any current illnesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
Do you regularly/often take any medicines, drugs or tablets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
Have you declared these to the ACU to comply with Anti Doping rules?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies (i.e. penicillin, iodine etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
Have you had any 'major' or 'significant injuries' requiring admission to hospital and/or surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain (what, where, when, how it was treated)		
Have you had any surgery/operations (excl. those above)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain (what, where, when, how treated)		
Have you ever had any problems with anaesthetic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please explain		
When did you last have an Anti-Tetanus injection?	Year <input type="text"/>	Don't know <input type="checkbox"/>
Do you have private medical insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, with whom		
Does this cover emergency treatment in hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything else important we should know?		

I understand the above information will be treated with the strictest confidence, and only be released to health care professionals for my treatment during or following a Race Meeting. I agree that the details of any injuries and treatment received can be released to the Championship Chief Medical Officers.

Signed

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