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Notice to All Riders:

To avoid any unnecessary delay in the event of an accident or injury, USA Equestrian recommends that you fill out this form, fold and place it in an outside coat, shirt or pants pocket whenever competing or riding at all recognized competitions. Make copies as necessary or keep this one as a spare. Please update medical information as necessary.

Any serious illnesses? (diabetes, heart disease, seizures, asthma): _____

Recent surgery? _____

Are you pregnant? _____

Check yes or no

NO YES

- Head Injury or Concussion(s): _____
- Neck or Back injuries: _____
- Fractures or Dislocations: _____
- Chest or Abdominal injuries: _____
- Normal Vision
- Do you wear contacts?
- Normal Hearing
- Last Tetanus Immunization Date: _____

MEDICAL INFORMATION FORM

Sponsored by:



www.troxelhelmets.com

PRIMARY PHYSICIAN

Name: _____

Address: _____

Phone: _____

HEALTH INSURANCE INFO:

Carrier: _____

Card #: _____

Social Security #: _____



USA EQUESTRIAN™
MEDICAL CARD

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Blood Type: _____

Allergies to Medicine: _____

Emergency Contact: _____
(must be other than self)

Phone: _____

**F
R
O
N
T**

ACCIDENTS/INJURIES

Accident Date	Activity	Type of Injury/Accident	Treating Doctor Name/Phone	Additional Information

CURRENT MEDICATIONS

Type of Medication	Reason	Date Started	Date Ended

**B
A
C
K**

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