

The Pony Club Association of Qld Inc - Form PCAQ-4 – Medical Arm Band Information



<u>Medical Data</u>	<u>Primary Physician</u>	<u>Rider's Personal Data</u>
<p>Previous Injuries (Yes or No) No Yes <input type="checkbox"/> <input type="checkbox"/> Head <input type="checkbox"/> <input type="checkbox"/> Concussion <input type="checkbox"/> <input type="checkbox"/> Face <input type="checkbox"/> <input type="checkbox"/> Neck <input type="checkbox"/> <input type="checkbox"/> Back <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/> <input type="checkbox"/> Limbs</p>	<p>Doctor's Name </p> <p>Address P/code.....</p> <p>Phone </p>	<p>Full Name </p> <p>Permanent Address P/code.....</p> <p>Date of Birth /...../.....</p>
<p>Operations & Medical Conditions (Yes or No) <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> Epilepsy <input type="checkbox"/> <input type="checkbox"/> Blackouts <input type="checkbox"/> <input type="checkbox"/> Asthma <input type="checkbox"/> <input type="checkbox"/> Heart <input type="checkbox"/> <input type="checkbox"/> Lung</p>	<p>1st Emergency Contact</p> <p>Name & Relationship </p> <p>Phone </p>	<p>Home Phone No </p> <p>Mobile Phone No </p> <p>Horse Float/Truck Make </p> <p>Rego </p> <p>Colour </p>
<p>Other (Yes or No) <input type="checkbox"/> <input type="checkbox"/> Normal Sight <input type="checkbox"/> <input type="checkbox"/> Do you wear Glasses? <input type="checkbox"/> <input type="checkbox"/> Do you wear Contacts? <input type="checkbox"/> <input type="checkbox"/> Normal Hearing</p>	<p>2nd Emergency Contact</p> <p>Name & Relationship </p> <p>Phone </p>	<p>Medicare Number </p> <p>Health Fund </p> <p>Fund Membership Number </p>
<p>Allergies </p>	<p>Dentist's Name </p> <p>Address P/code.....</p>	<p>Blood Group </p> <p>Date of last Tetanus Shot /...../.....</p>
<p>Current Medication </p>	<p>Phone </p>	