

<p>Next of Kin: ...NOT ON VEHICLE WITH YOU</p> <p>Name: _____</p> <p>Phone: _____ Mob: _____</p> <p>Relationship: _____ (Parent/Guardian if under 18 years)</p> <p>Current Doctor:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Suburb: _____</p> <p>Description of Car/Float/Truck:</p> <p>Make: _____</p> <p>Colour: _____</p> <p>Rego. Number: _____</p> <p>Ambulance Membership: Yes No (Circle)</p> <p>(Details) _____</p> <p>Preferred Vet: (if any, give details)</p> <p>Name: _____ Phone: _____</p> <p>Signature: _____</p> <p>(Parent or Guardian if under 18 years)</p>

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

Australian Carriage Driving Society Inc
Victorian Branch



Medical Information Card

Your Full Name: _____

Address: _____

Phone: _____ Mobile: _____

Date of Birth: ____/____/____

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