

MEDICAL CARD

INSTRUCTIONS FOR USE:

1. Fill out completely with ball point pen. Print very clearly. Be sure to keep information current for each event.
2. Fold and place in waterproof plastic bag. Tape securely to upper arm over all clothing. Armband must be worn when mounted.
3. United States Eventing Association plastic armbands and cards may be purchased from the USEA, 525 Old Waterford Road, NW, Leesburg, VA 20176, 703-779-0440, website: useventing.com, e-mail: info@useventing.com for \$10.00. These are very easy to use and reuse with a plastic holder and an elastic velcro strap.

Name: _____
Full
Address: _____

Date of Birth: _____ Blood Type: _____

Home Phone:(_____) _____ Alternate Phone:(_____) _____

Emergency Contact for day of event: _____
(name & numbers, other than self)

PRIMARY PHYSICIAN & INSURANCE

Primary Physician: _____ Phone:(_____) _____

Physician's Address: _____

Health Insurance Carrier: _____

Card Number: _____

MEDICAL HISTORY

Allergies (to medicine or other): _____

Serious illnesses: _____
(diabetes, heart disease, etc.)

Recent surgery: _____

Date of Last Tetanus Immunization: _____

Current Medications: _____

(Circle one)

Head Injury or Concussion(s): Yes No List date(s): _____

Neck or Back Injuries: Yes No List date(s): _____

Fractures or Dislocations: Yes No List date(s): _____

Chest or Abdominal Injuries: Yes No List date(s): _____

Normal Vision: Yes Contacts Glasses

Normal Hearing: Yes No