

Variety WA Motoring Events

Medical Information



Strictly Confidential

It is extremely important that the Medical Particulars form is completed prior to commencement of the event, no person will be permitted to participate unless this form has been submitted. You must include details of any condition that has the potential to affect you on the event and any medications you are taking.

The information is held in strictest confidence and only accessed in case of an emergency. The event practitioner may contact you if further information is required. If the form has insufficient space for you to provide details please write on the back of the form.

NAME: _____ **OVE No: _____

**OVE No: Official Entrant Vehicle number as provided by Variety WA covers 4WD and cars

DO YOU SUFFER FROM ANY OF THE FOLLOWING? (please tick all relevant boxes)

- | | |
|---|---|
| <input type="radio"/> high blood pressure | <input type="radio"/> heart or circulatory disorder |
| <input type="radio"/> asthma/bronchitis or other respiratory problem | <input type="radio"/> diabetes |
| <input type="radio"/> stomach/intestine disorder/ulcer | <input type="radio"/> gall bladder/liver disorder |
| <input type="radio"/> migraine | <input type="radio"/> disorder of the back, spine or neck |
| <input type="radio"/> stroke, epilepsy or other neurological disorder | <input type="radio"/> cancer or leukaemia/lymphoma |
| <input type="radio"/> visual problems (not including glasses) | <input type="radio"/> gout/arthritis |
| <input type="radio"/> any skin disorder | |

Please list any ALLERGIES (especially drugs)

Blood type: _____

Please list all medications you are currently taking (please remember to bring an ample supply of your medication):

Please list any other relevant information the doctor needs to know:

EMERGENCY CONTACT DETAILS

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Mobile: _____

This Medical Particulars form is a requirement under the Motoring Events Official Conditions of Entry. By signing this document you confirm that the information contained herein is true and correct and that you will notify Variety WA of any medical condition that develops between now and the event.

Signed: _____ Dated: _____