

A.M.U. MX CHAMPIONSHIP OF AFRICAN NATIONS
NAMIBIA: 26TH – 28TH JUNE 2009:

MEDICAL INFORMATION SHEET

This sheet is to be completed by all riders, and submitted together with their entry form.

RIDER DETAILS:

FIRST NAME:.....SURNAME:.....

AGE:.....COUNTRY:.....

HOME LANGUAGE:.....DO YOU SPEAK ENGLISH.....

BLOOD GROUP:.....

ALLERGIES:.....

.....

.....

CHRONIC MEDICAL CONDITIONS / PREVIOUS INJURIES: (This includes asthmatics.)

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MEDICATIONS CURRENTLY BEING TAKEN:.....

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.....

WHERE WILL THESE MEDICATIONS BE KEPT?

NEXT OF KIN:

MEDICAL COVER:..... **INSURANCE POLICY:**.....

This must be at the track. Who will have the necessary cards / papers ?

.....

I, the undersigned, authorise the Medic Attendants
to attend to and treat the above named rider, in the event of any accident and or emergency.

SIGNED:.....

RELATIONSHIP:.....

DATE:.....

WITNESS:.....