## **MEDICAL HISTORY**

Complete all sections.

## **PRIMARY PHYSICIAN**

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Any serious illnesses? (diabetes, heart disease, seizures, asthma):		USEA MEDICAL CARD
	NAME:	
Recent surgery?	ADDRESS:	NAME:
Are you pregnant? No Yes	PHONE:	ADDRESS:
Head Injury or Concussion(s):	HEALTH INSURANCE INFO:  CARRIER:  CARD #:  SOCIAL SECURITY #:	PHONE:BLOOD TYPE:ALLERGIES TO MEDICINE:
Chest or Abdominal injuries:	RIDER'S NATIONALITY:	
Normal Vision Do you wear contacts? Normal Hearing Last Tetanus Immunization Date: Current Medications:	United States Eventing Association 525 Old Waterford Rd. NW Leesburg, VA 20176 Phone: 703–779–0440 • Fax: 703–779–0550 Email: info@useventing.com Web: www.useventing.com	EMERGENCY CONTACT: (MUST BE OTHER THAN SELF)  PHONE:

## **RECORDABLE ACCIDENTS**

All competitors must complete.

ACCIDENT DATE	COMPETITION	INJURY	TREATING DOCTOR NAME/PHONE	SUSPENSION PERIOD	CLEARENCE DOCTOR NAME/PHONE	DATE CLEARED