



Return to:
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Ride Coordinator
 Steve Corrie
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24th to 30th June, 2012

Medical Form

I submit the following medical information about myself as a current personal record to be kept by the appointed qualified medical personnel during the time of the Bike Ride, 24th – 30th June, 2012.

I authorise the organisers and/or their representatives to obtain medical assistance when deemed necessary should an accident or illness occur, and agree to pay all expenses incurred on behalf of myself.

I further authorise qualified practitioners to administer anesthetic or blood transfusion if such an eventuality arises. I further undertake to provide details to the organisers of any changes in this information, provided they occur between the date this form has been duly signed by myself and the commencement of the bike ride event.

Name: _____ Date of Birth: _____

(BLOCK LETTERS PLEASE)

Signed: _____ Date: _____

Parent Signature: _____ Emergency Contact: _____

(ONLY REQUIRED IF PARTICIPANT IS UNDER 18)

(NAME AND TELEPHONE CONTACT NUMBER)

Medicare Number: _____ Regular GPs Name: _____

Address: _____ Phone No: _____

Medical Condition	Yes/No	Details
1. Heart problems	Yes/No	
2. Respiratory problems	Yes/No	
3. Allergies	Yes/No	
4. Blood pressure	Yes/No	
5. Operations	Yes/No	
6. Epilepsy	Yes/No	
7. Recent illness	Yes/No	
8. Tetanus injection	Yes/No	Year of most recent booster:
9. Diabetes	Yes/No	
10. Drug reactions	Yes/No	List
11. Phobias	Yes/No	
12. Other medical concerns/conditions	Yes/No	
13. Private Medical cover	Yes/No	
14. Special dietary requirements	Yes/No	
15. Any other relevant information Please supply further detail on reverse side of form	Yes/No	

The information on this form will remain confidential