

MEDICAL ASSESSMENT

OUTBACK CAR TREK 2019



THIS FORM IS COMPULSORY FOR ALL PARTICIPANTS IN THE OUTBACK CAR TREK. YOU MUST COMPLETE AND RETURN THIS FORM EVEN IF YOU HAVE NO HISTORY OF THE MEDICAL CONDITIONS OUTLINED BELOW.

Complete this form and email to OCTmedical@rfdse.org.au and billp@outbackcartrek.com.au by Friday 17th May 2019.

_____ (your full name here) understands the following information will be stored confidentially by Outback Car Trek Pty Ltd and the Royal Flying Doctors (South Eastern Section). The below information will not be shared or utilised for any purpose other than the planning of medical coverage for the Outback Car Trek event.

PERSONAL DETAILS

Name _____ Car No. _____

Email Address _____

Phone _____ Date of Birth _____

EMERGENCY CONTACT DETAILS

Contact Name _____

Relationship to Participant _____

Contact Phone _____

MEDICAL DECLARATION *Please answer Yes or No if you currently suffer from, or receive ongoing medical treatment for any of the following;*

Yes or No

1. Cardiovascular disease, a heart disorder or arrhythmia? _____
2. Neurological condition, including epilepsy, seizures or fainting? _____
3. Respiratory disease including asthma, COPD, sleep apnoea or use of supplemental oxygen? _____
4. Impairment of use or movement of your joints or limbs that may impair your ability to control a car? _____
5. Do you take any anticoagulant / blood thinning medications? _____
6. Are you allergic to any drugs or medications? _____

If you have answered 'yes' to any of the above, please provide details below...

Do you have any other medical condition, which in your opinion, may impact on your ability to be assessed or treated by the RFDS medical team? If yes, please give details below...