MEDICAL ASSESSMENT

OUTBACK CAR TREK 2020



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@rfdsse.org.au and billp@outbackcartrek.com.au by Monday 4th May 2020.

□ (yo	our full name here)	understands the following information will be stored
below informati		and the Royal Flying Doctors (South Eastern Section). The lised for any purpose other than the planning of medical
PERSONAL DETA	AILS	
Name Car No.		
Email Address		Date of Birth
Phone		
EMERGENCY CO	NTACT DETAILS	
Contact Name		
Relationship to Participant		
Contact Phone		

MEDICAL ASSESSMENT

OUTBACK CAR TREK 2020



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

		res or no
1.	Cardiovascular disease, a heart disorder or arrhythmia?	
2.	Neurological condition, including epilepsy, seizures or fainting?	
3. 4.	Respiratory disease including asthma, COPD, sleep apnoea or use of supplemental oxygen? 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	
-	have any other medical condition, which in your opinion, may impact on your ability to be ass d by the RFDS medical team? If yes, please give details below	essed or
	or your time in helping us to plan for the trek, to ensure the RFDS medical team can provide you with the best care in you have any questions, please contact OCTmedical@rfdsse.org.au	the case of an