



Motoring Events Medical Declaration Form

This form is required to be completed by each entrant, driver, official and passenger (including drivers and passengers of support vehicles) in the 2026 Outback Car Trek.

PERSONAL DETAILS				
FULL NAME:				
DATE OF BIRTH:				
CAR NUMBER:				
EMAIL ADDRESS:				
PHONE NUMBER:				
EMERGENCY CONTACT DETAILS				
CONTACT NAME:				
RELATIONSHIP TO PARTICIPANT:				
CONTACT PHONE NUMBER:				

The Royal Flying Doctor Service acknowledges and pays respect to the Traditional Owners of Country throughout Australia. We pay our respects to Elders past, present and emerging.

Outback Car Trek c/o Royal Flying Doctor Service F 02 9262 1817 GPO Box 3537 Sydney NSW 2001

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		YES	/ NO		, PLEASE PROVIDE ADDITIONAL MATION	
Do you have cardiovascular disease, a heart disorder, or arrhythmia?						
Do you have a neurological condition (e.g., epilepsy, seizures, fainting)?						
Do you have a respiratory condition (e.g., asthma, COPD, sleep apnoea, or require supplemental oxygen)?						
Do you have any other medical condition, physical or mental health concern, or ongoing treatment that may affect your participation in the event or your ability to be assessed or treated by the RFDS medical team?						
Are you allergic to any drugs or medications?						
Do you currently take any regular medications, including prescription, over-the-counter, or supplements?						
Important Note on Medications If you take regular medications, please ensure you bring an adequate supply for the entire duration of the event. Access to pharmacies and medical supplies in remote areas of Australia is extremely limited, and replacements may not be readily available.						
Please tick. ☐ I acknowledge that as a participant in the Outback Car Trek motoring event, I will be travelling through remote and isolated regions of Australia where access to healthcare services may be limited or delayed. I understand that while the Royal Flying Doctor Service (South Eastern Section) will provide medical support during the event, immediate access to advanced medical facilities may not be available in all locations. ☐ I						
This information will be used solely for the planning of medical coverage during the Outback Car Trek event and will not be shared or used for any other purpose.						
Date:			Signatu	ıre:		
Car #:			Print N	ame:		