



Medical and Health Questionnaire

The Health and Safety of all Kingdomoffroad members is important. The information you choose to provide us with is not used in any way to determine your acceptance to Kingdomoffroad. The information you provide us with will be kept totally confidential and will not be made available to any second or third parties. The reason we ask for this information is to enable us to take proper action should you become incapacitated due to an incident on-track. You do not have to provide us with this information if you do not want to.

Information provided on this form shall only be available to select kingdomoffroad committee members, appointed first Aiders and medical personnel as deemed necessary in the event of an accident.

Personal information

Name: First _____ Middle _____ Last _____

Membership number: _____ Date of Birth: ____/____/____ Gender: male female

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Email: _____

Day Phone (_____) _____ Evening Phone (_____) _____

Medical Information

Blood Type: _____

Allergies (including medication allergies): _____

1. Have you sought professional medical treatment for any serious physical illness or problem during the last 2 years? (E.g. diabetes, heart problems, respiratory condition) if yes please describe.
 Yes No
2. Are you presently taking any prescription medication on a regular basis? If yes, please describe.
 Yes No
3. Do you have any physical impairment or other condition, which could affect your ability to drive a motor vehicle safely? If yes please describe.
 Yes No
4. Do you have difficulty recognising the colours of red, green or amber used in traffic signal lights and devices.
 Yes No

I understand that by withholding or omitting certain information, or, by providing false information I may jeopardise relevant medical treatment that I may require in the event of an accident. And by withholding such information I am accepting personal responsibility for doing so. I therefore shall not hold the organisation of kingdomoffroad nor any of its office bearers responsible for my actions or consequences of my actions by my withholding such information.

Signature _____

Guardian (if rider is under 16 years of age) _____ Date _____