



MEDICAL QUESTIONNAIRE.

Name:		Mr/Mrs/Miss/Ms/ Other (<i>delete as applicable</i>)	
Address:		Telephone No: Mobile: Fax: E-mail:	
Next of kin		Relationship to rider:	
Next of kin's address:		Telephone: Mobile: Fax: E-mail:	
G.P.'s Name and Address:		When did you last see your doctor? When did you last receive a Tetanus Immunisation?	
List any drugs you are currently taking (prescribed and over the counter).		List any herbs or vitamins you are currently taking. THIS IS VERY IMPORTANT.	
<u>ANY CHANGE IN PRESCRIBED MEDICATION MUST BE NOTIFIED IMMEDIATELY</u>			
Signed: _____		Dated: _____	

Please return completed form to Fax: 045-850850 or e-mail: skillilea@horsesportireland.ie or post: Horse Sport Ireland, Att. Susann Killilea, 1st Floor, Beech House, Millennium Park, Osberstown, Naas
If you would rather send this form directly to our HSI medical officer Dr. Mary O'Flynn, then please Fax: 022-51708 or E-mail: maryoflynn@ireland.com