



# Ottawa Valley Hunt

## Medical Questionnaire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Care Number: \_\_\_\_\_ Province: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

### EMERGENCY CONTACT INFO

Name of Person to contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Location where your horse is stabled: \_\_\_\_\_

Phone number of stable: \_\_\_\_\_ Contact at Stable: \_\_\_\_\_

### MEDICAL HISTORY

Do you have any pre-existing conditions, injuries or allergies which care providers should know about? **Yes No**

Have you ever had a concussion? **Yes No**

Do you have any medical devices such as a pacemaker, artificial joints, dental appliances, or prosthesis? **Yes No**

If you answered **yes** to any of the above questions, please provide details:

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If you have any additional medical information you feel would be useful to emergency care providers, please provide details:

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The information contained in this questionnaire will be strictly confidential and will only be used to provide assistance to emergency medical personnel in the event of an accident.

I hereby give permission to have this information provided to the attending medics and medical professionals in case of an injury:

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**Rider's Signature or  
Parent/Guardian Signature**

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**Date**