



Ottawa Valley Hunt

Medical questionnaire 2020

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: _____

Do you have a health care directive? _____

If you do, is it on file with your family doctor? _____

If not, who has it? _____

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:

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

The information contained in this questionnaire will be strictly confidential and will only be released in the event of an emergency or accident to the OVH members or staff who first respond, and then will be given to the first responders and then to the hospital or doctor providing medical care on an emergency basis. This form will constitute my consent, in the event that I am unconscious or otherwise unable to give my consent to any emergency procedures necessary to stabilize my condition.

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

**Rider's signature or
Parent/guardian signature**

Date

Please provide completed form in an envelope with your name on the front to Laura Hoy at an OVH activity, or email completed form to secretary@ottawavalleyhunt.com; thanks!