



OFFICIALS MEDICAL FORM

Private & Confidential

The Queensland Motorised Sports Officials Assn. Inc (QMSO) requests all Officials to provide the following information, which is to be **TOTALLY CONFIDENTIAL** and will only be available to health professionals. I.e. circuit doctors, ambulance officers, hospital staff etc. in the event of a medical emergency.

PLEASE NOTE: This is not compulsory BUT for your own safety we implore you to fill out this form so that the best medical treatment is given to you ASAP.

NAME: _____

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS OF NEXT OF KIN: _____

NEXT OF KIN PHONE/S: WK: _____ A/H: _____ MOBILE: _____

NAME AND ADDRESS OF YOUR GENERAL PRACTITIONER: _____

_____ PHONE: _____

BLOOD GROUP: _____ DO YOU SMOKE: YES / NO

MEDICATION TAKEN PRESCRIBED BY YOUR DOCTOR: _____

ARE YOU ALLERGIC TO ANYTHING? (eg. Penicillin / Iodine): _____

DO YOU HAVE OR HAVE YOU HAD ANY MEDICAL CONDITIONS OF ILLNESSES? (Please describe):

HAVE YOU EVER HAD ANY BROKEN BONES OR NECK INJURIES? (Please list): _____

WHEN DID YOU LAST HAVE A TETNUS INJECTION? _____

Is there anything you consider relevant or important in your medical history (e.g. heart condition etc)?



I understand and agree that the above information will be kept **TOTALLY CONFIDENTIAL** and only released to a Health Professional. I agree that details of any injuries / treatment received during an event being released to a Health Professional.

SIGNED: _____ DATE: _____

Please return the completed form to the Secretary.