Port Hunter 4x4 Club Medical Form

MEDICAL INFORMATION

Keep this record with you at all times

Name _____
Address _____
_____
_____
Phone _____
Mobile _____

EMERGENCY CONTACTS

In case of emergency, please contact

Name _____
Phone _____

Name _____
Phone _____

Doctor _____
Phone _____

Other _____
Phone _____

Other _____
Phone _____

CHRONIC CONDITIONS

Indicate any ongoing medical concerns

- ☐ Blood pressure
- ☐ Asthma
- ☐ Diabetes
- ☐ Heart disease
- ☐ Cancer
- ☐ Other

PRESCRIPTION MEDS

List prescription medications you are currently taking

Med Dose Time

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

OVER THE COUNTER

List your current over-the-counter medications

- ☐ Aspirin
- ☐ Antacids
- ☐ Allergy relief
- ☐ Cold medicine
- ☐ Diet pills
- ☐ Laxatives
- ☐ Sleep aid
- ☐ Vitamins
- ☐ Supplements

- ☐ Other

ALLERGY RECORD

List all allergies and your reaction

Allergy _____
Reaction _____

Allergy _____
Reaction _____

Allergy _____
Reaction _____

Allergy _____
Reaction _____

Allergy _____
Reaction _____

IMMUNIZATION RECORD

Enter the date you were last immunized

Tetanus _____

Flu _____

Pneumonia _____

Hepatitis _____

Other _____

_____

_____

NOTES

Add any additional information here

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NB :- Port Hunter 4 x 4 Club insures your privacy is maintained – This form will only be used in an emergency & Should be kept in your First Aid box