

FORM 2 - MEDICAL INFORMATION

Have you had any medicals in the last 2 years? **Yes/No**
If yes, were you told of any problems? **Yes/No**
If yes, please give brief explanation:

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Have you ever had an exercise-related ECG? **Yes/No**
If so, was it normal? **Yes/No**
If no, please give brief explanation:

.....

Are you currently taking any medication prescribed by your Doctor? **Yes/No**
If yes, please list:

.....

Are you currently taking any over-the-counter medicine? **Yes/No**
If yes, please list:

.....

Have you been in hospital for treatment in the last 10 years? **Yes/No**
If yes, please give brief details:

.....

Have you ever suffered from neck or back injuries? **Yes/No**
If yes, please give more information:

.....

Do you have false teeth, caps or crowns? **Yes/No**
If yes, please list:

.....

Do you wear a hearing aid? **Yes/No**

If you wear contact lenses, are they soft-type or hard-type? **Soft/Hard**

Do you have any allergies to specific medications that may have to be administered in case of an emergency? **Yes/No**
If yes, please give details:

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Signed Print Name

Date

Please note: applicants over 45 years of age must have an ECG carried out by a qualified Doctor. Please ask for Form 3.

Fit to Ride **Yes/No** Signed Doctor