

## Tour de Cure Medical Clearance Form

Patient's Name:	Email:		
Mobile:	Date of Birth: ____/____/____		
Gender:			
Address:			
Next of Kin:	Relationship:		
NoK Mobile:	NoK Email:		
Medicare No.:			
Private Health Care Fund:		Membership No.:	
<b>RIDERS ONLY</b>			
Cycling Insurance Co.:		Insurance No.:	

**Doctor**, in order to help the Tour de Cure Medical Team prepare for the up-coming Tour and possibly treat your patient whilst on Tour, please provide us with any details you feel are relevant with regards to conditions, medications, allergies, etc by filling in the spaces below:

Tick if applicable:  Asthma/COPD    Heart disease    Hypertension    Hyperlipidaemia  
 Diabetes    Stroke/TIA    GORD    Smoking    Substance misuse  
 Anxiety/depression    Musculoskeletal injury or condition    Recent cancer treatment.

Date last Tetanus booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age:	Weight:	Height:	BMI:	Blood Pressure:
Allergies/nature of reaction:				
Medications (generic names):				
Other relevant conditions and treatment:				
Other relevant details that may impact on ability to ride/or support riders:				

**ATTENTION Medical Practitioner:** If you are interested in joining us on tour as one of our Medics either as a support crew Medic or rider Medic, please call the Tour de Cure team on 02 8073 4000 or email [fundraising@tourdecure.com.au](mailto:fundraising@tourdecure.com.au)

<p><b>RIDERS ONLY</b></p> <p>I _____ (Rider's name) have committed to riding the upcoming Tour de Cure cycling charity event. In addition to riding between 1-10 days at an average distance of 100-150kms per day, on varied terrain. I have also committed to an intensive training program for the months leading into the event. To ensure I am fit enough to complete the Tour, and in the interests of my safety and the safety of the other riders in the peloton, I request that you assess my medical capability to train for and participate in the event. If you are satisfied, could you please complete the declaration below:</p>	<p><b>SUPPORT CREW ONLY</b></p> <p>I _____ (Support's name) have committed to a support role for the upcoming Tour de Cure cycling charity event. As such, some of my duties may include heavy lifting, early starts and late finishes. In addition to this, I may also be required to drive a support vehicle at low speed for many hours each day, protecting the riders from oncoming and overtaking traffic, requiring intense concentration. In the interests of my wellbeing, and the safety of the riders in the peloton, I request that you assess my medical capability to participate in the event. If you are satisfied, could you please complete the declaration below:</p>
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I have not identified any medical reason why the patient cannot participate in a Tour de Cure event.

This patient  DOES /  DOES NOT routinely attend this medical practice.

We would like our riders and support crew to be ambassadors for good health. This is an opportunity to discuss general health and wellbeing in otherwise fit, healthy people. Please arrange follow-up for a skin check and to address bowel/breast/cervical screening if overdue.

YES/  NO We have discussed preventative health and cancer screening today.

Doctor's name:	Doctor's Signature:
Qualifications:	Provider No.:
Today's Date:        ___/___/___	Practice:
Address:	
Ph No.:	
Doctor's Stamp:	

**Please scan/take a photo and upload both pages to the TDC Hub app [hub.tourdecure.com.au](http://hub.tourdecure.com.au)  
When entering into the Hub, the Expiry Date is one year from your doctor's visit.**

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