

Tour de Cure Medical Information Form Without Doctor Visit

DATE:

Patient's Name:		Email:	
Mobile:		Date of Birth: ___/___/___	
Gender:			
Address:			
Emergency Contact:		Relationship:	
Emergency Contact Mobile:		Emergency Contact Email:	
Medicare No.:			
Private Health Care Fund:		Membership No.:	
RIDERS ONLY			
Cycling Insurance Co.:		Insurance No.:	

In order to help the Tour de Cure Medical Team prepare for the up-coming Tour and possibly treat a 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:	___/___/___
Provide further details (eg. Recent operations or hospitalisation etc)	

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:				

**Please scan/take a photo and upload to the TDC Hub app hub.tourdecure.com.au
When entering into the Hub, the Expiry Date is the last date of tour.**

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