EVENTING AUSTRALIA

# TECHNICAL DELEGATE
# MEDICAL FOLLOW UP SHEET

| Event Name | Date | First Aid Representative and Mobile Number | Technical Delegate |
|---|---|---|---|
| | | | |

| | Time | Rider Name | Rider Number | Rider Class | Description of Fall and Location of Fall | History Observations/Examinations Assessment/Plan | Decision (Fit to continue to ride?) Yes / No | Concussion suspected Yes / No |
|---|---|---|---|---|---|---|---|---|
| **1** | | | | | | | | |
| **2** | | | | | | | | |
| **3** | | | | | | | | |