EQUESTRIAN AUSTRALIA

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								
4								
5								
6								
7								
8								