



Great Australian  
**Bike Ride**  
*Together on the road for mental health*



## MEDICAL FORM

This form will travel on the event. Should any medical treatment be necessary it will be organised with these details available. The form will be seen by the Ride's medical adviser Dr Dick Wilson who may contact you for further details. **PLEASE FAX THE COMPLETED FORM TO 02 9635 5042**

Name (please print).....

Address.....

Date of birth.....Contact phone number:.....

Medicare number.....

Private health fund (if applicable).....

### Contact (in case of an emergency while on the ride)

Name (please print).....

Address.....

Phone number.....

Current treating doctor.....

Phone number.....

Current medical conditions.....

Current treatment.....

What prescription medicines will you take on the Ride?.....

Past illnesses .....

Date of last Tetanus injection.....

Allergy to Drugs? YES / NO (if yes, state which drugs).....

Other allergies e.g. food, insect bites etc Please give details .....

**SHIRT SIZE**

MENS XXXL  XXL  XL  L  M  S   
LADIES 24  22  20  18  16  14  12  10  8

**Make of Bicycle** (for spare parts).....

Tyre size.....

I have read and understood the health and fitness requirements in terms and conditions 6 & 7 set out below

Signed:..... Date:.....

I agree that the treating doctor nominated above can be contacted for medical information if required and I give permission for this information to be provided to the medical adviser of the Great Australian Bike Ride.

Signed: ..... Date:.....

**Terms and Conditions 6 and 7 of the Great Australian Bike Ride:**

**6 Health and Fitness Requirements**

Riders must be at least 18 years or older on the day of commencement of the ride with the exception of Rotary Exchange students. Participants must be in good health and physical condition and are strongly advised to follow our pre-departure fitness training recommendations where necessary. On receipt of your Registration Form, ARH will send you a medical questionnaire to be completed by you or your doctor and returned to us as proof that you are fit enough to participate in the ride. All riders must complete, sign and return to ARH the requisite medical questionnaire at least 60 days before your departure. The ride generally goes through remote areas where there is little or no access to normal medical services or hospital facilities for serious problems. Where necessary, evacuation can be prolonged, difficult and costly. Medical and evacuation expenses will be the responsibility of the participant. ARH reserves the right in its absolute discretion to refuse a participant the right to participate in the ride on medical or fitness grounds.

**7 Medical disclosure**

You declare and warrant that:

- you are in good health and mental and physical fitness at the time of registering for this ride
- you have disclosed to ARH every matter concerning your health and mental and physical fitness of which you are aware, or ought reasonably be expected to know, which is relevant to ARH's decision to permit you to go on the ride
- immediately upon any adverse change in your health or fitness that may be likely to affect ARH's decision to accept the risk of permitting you to go on the ride, you will notify ARH in writing of any such adverse change.

You acknowledge that the obligation to disclose under this condition continues from the time of registering for the ride through to commencement of the ride and extends for the duration of the ride and thereafter as a result of the ride. If you fail to comply with the duty of disclosure in this condition and if ARH would not have permitted you to undertake the ride, or continue participation of the ride, had you made full disclosure under this condition, ARH will not be liable, except to the minimum extent required by law, for personal injury, death or property damage or loss incurred by you.