

# Australian Veteran Cycling Council

## GENERAL PRACTITIONERS APPROVAL TO PARTICIPATE

*Required for riding members who will be in their 80th year of age or above on the 1st of January. If joining for the first time between October and 31<sup>st</sup> December and you turn 80 in the following year the same ruling applies. Please ask your family Doctor to complete:*

Patient Name: _____
D.O.B. _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: _____

GP Name: _____
Address: _____

Is this person medically fit to train for and participate in road and track cycle racing?
YES <input type="checkbox"/>
NO <input type="checkbox"/>

<b>MEDICAL PROFILE:</b> (please tick relevant boxes and provide details where required)
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Angina</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Any other <b>cardiac</b> problems ( <i>please specify</i> ) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Unstable Hypertension</b> ( <i>please list reading</i> ) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Diabetes</b> Type <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Joint replacements</b> ( <i>please specify</i> ) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Medications</b> that may be of significance ( <i>eg. For arthritis, cardiac, diabetes etc</i> ) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Other problems</b> likely to affect a persons ability to undertake the activity of bicycle riding/racing. ( <i>please specify</i> ) _____
This referral was initiated by (please tick)
<input type="checkbox"/> GP <input type="checkbox"/> Patient <input type="checkbox"/> Other: _____

If in your opinion, this patient requires further investigation, eg. Resting ECG/ECG stress test prior to participation in a physical activity such as bicycle riding/racing, please withhold your consent until the procedure(s) have been performed.
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**Doctors signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_