

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 31st 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: _____ _____
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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"/>
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MEDICAL PROFILE: (please tick relevant boxes and provide details where required)
<input type="checkbox"/> YES <input type="checkbox"/> NO Angina
<input type="checkbox"/> YES <input type="checkbox"/> NO Any other cardiac problems (<i>please specify</i>) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Unstable Hypertension (<i>please list reading</i>) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Diabetes Type <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM
<input type="checkbox"/> YES <input type="checkbox"/> NO Joint replacements (<i>please specify</i>) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Medications that may be of significance (<i>eg. For arthritis, cardiac, diabetes etc</i>) _____ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Other problems 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:** _____