Tour de Cure Medical Clearance Form

Patient's Name: _____ Email:_____

Mobile:_____ Date of Birth:_____ Gender: _____

Address:_____

Next of Kin:_____ Relationship: _____

NoK Mobile: _____ NoK Email: _____

Medicare No.:_____

Private Health Care Fund: _____ Membership No.: _____

RIDERS ONLY - Cycling Insurance Co.:_____ Insurance No.:_____

Doctor, in order to help the Tour de Cure Medical Team prepare for the up-coming Tour and possibly treat your patient whilst on Tour, please provide us with any details you feel are relevant with regards to conditions, medications, allergies, etc by filling in the spaces below:

Tick if applicable: ☐ **Asthma/COPD** ☐ **Heart disease** ☐ **Hypertension** ☐ **Hyperlipidaemia**

☐ **Diabetes** ☐ **Stroke/TIA** ☐ **GORD** ☐ **Smoking** ☐ **Substance misuse** ☐ **Anxiety/depression**

☐ **Musculoskeletal injury or condition** ☐ **Recent cancer treatment.** **Date last Tetanus booster: ___ /___ /_____**

Provide further details (eg. stable on medication / poorly controlled etc) _____

_____

_____

Age: _____ Weight: _____ Height:_____ BMI:_____ Blood Pressure: _____

Allergies/nature of reaction: _____

Medications (generic names): _____

Other relevant conditions and treatment:_____

_____

_____

Other relevant details that may impact on ability to ride/or support riders: _____

_____

_____

RIDERS ONLY	SUPPORT CREW ONLY
I _____(Rider's name) have committed to riding the upcoming Tour de Cure cycling charity event. In addition to riding between 1-10 days at an average distance of 100-150kms per day, on varied terrain. I have also committed to an intensive training program for the months leading into the event. To ensure I am fit enough to complete the Tour, and in the interests of my safety and the safety of the other riders in the peloton, I request that you assess my medical capability to train for and participate in the event. If you are satisfied, could you please complete the declaration below:	I_____ (Support's name) have committed to a support role for the upcoming Tour de Cure cycling charity event. As such, some of my duties may include heavy lifting, early starts and late finishes. In addition to this, I may also be required to drive a support vehicle at low speed for many hours each day, protecting the riders from oncoming and overtaking traffic, requiring intense concentration. In the interests of my wellbeing, and the safety of the riders in the peloton, I request that you assess my medical capability to participate in the event. If you are satisfied, could you please complete the declaration below:

☐ I have not identified any medical reason why the patient cannot participate in a Tour de Cure event.

☐ This patient **DOES / DOES NOT** (*PLEASE CIRCLE*) routinely attend this medical practice.

We would like our riders and support crew to be ambassadors for good health. This is an opportunity to discuss general health and wellbeing in otherwise fit, healthy people. Please arrange follow-up for a skin check and to address bowel/breast/cervical screening if overdue.

☐ **YES/ NO** We have discussed preventative health and cancer screening today

Doctor's name:_____ **Doctor's Signature:**_____

Qualifications:_____ **Provider No.:**_____ **Today's Date:** ____/____/_____

Practice: _____

Address:_____

Ph No.: _____

Doctor's Stamp:

Please scan/take a photo and upload both pages to the TDC Hub app

hub.tourdecure.com.au When entering into the Hub, the Expiry Date is one year from your doctor's visit.
If you would like to know more about the Tour and what is involved, please call the Tour de Cure team on 02 8073 4000 or email fundraising@tourdecure.com.au