



## Medical Approval Form

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

### **NOTES for attention of APPLICANT and CERTIFYING DOCTOR**

Any form of horse riding is a risk sport. A riding member of PEI, subject to having the necessary level of para dressage riding skill, may be selected for advanced training and ultimately qualify for selection to take part in international competition, in and outside Ireland. These activities are potential areas of physical and mental stress.

Safety (of rider, horse, PEI personnel and members of the public) is of paramount concern. PEI will rely on the certifying doctor's opinion as to the fitness of the Applicant for riding membership of PEI in the sport of para dressage.

### Certifying Doctor

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### **CERTIFICATE OF DOCTOR**

I have interviewed the Applicant on this date. I have known her/him as a patient for upwards of \_\_\_\_\_ years. I have made all reasonable and proper enquiries which I have deemed necessary for the purpose of this certificate.

I certify for the satisfaction of Para Equestrian Ireland Limited that, other than his/her physical disability (below state particulars of the Applicant's physical disability)

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~~I am not aware of any medical condition of the Applicant which would adversely affect her/his fitness to be a riding member of PEI in the sport of para dressage.~~

Date \_\_\_\_\_

Signed \_\_\_\_\_

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