This medical summary sheet is to be completed by the Medical Officer at all Jumping events, and sent to [jumping@nzequestrian.org.nz](mailto:jumping@nzequestrian.org.nz) by the President of the Ground Jury.

*Jumping Rules Art 224 – “ In case of a fall of an athlete and/or horse at any time in the competition arena, in the practice arena, or elsewhere within the grounds of the event, the athlete must be checked by the event's medical service (or by a medical doctor if the medical service is not available) before he/she may be permitted to take part in the round in progress or in the next round or competition at the event.”*

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| Event Name | |  | | |
| Event Venue / Location | |  | | |
| Date of Event | |  | | |
| Senior Medical Officers Name *(Full)* | |  | | |
| Medical Officer Contact Mobile | |  | | |
| **Rider’s Name (Full)** | **Rider’s Contact mobile** | | **Summary Injury information**  ***Any Injury must also be logged as an incident via the website or manual form*** | **Date & Time Checked** | |
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*Medic should also sign the Medic Check Card for rider to keep.*