



Therapeutic Riding Medical Clearance

Please fill out this form if a current medical clearance is not on file at the LTRA office.

- Physicians must sign release after each surgery in order for rider to participate in therapeutic riding
- Please complete this form legibly – ineligible forms will be refused

Date: _____ (yyyy/mm/dd)

Rider Name: _____

Date of Birth: _____ (yyyy/mm/dd)

Medical History

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height _____ Weight _____ Sex _____

Frequency of Seizures: _____

Medications: _____

For: _____

Surgery

(please use a separate page to detail surgery if needed)

Surgery:	Dates: (yyyy/mm/dd)
_____	_____
_____	_____
_____	_____

Physician's Signature: _____

Date: _____ (yyyy/mm/dd)

Printed Name: _____

Address: _____

Telephone: _____ Fax: _____