

2009 Kinetic Half
Medical Information Form **BIB #** _____
Filled in at PPU

Instructions: Please download this form – fill it out and turn it in at packet pick-up. (You will not receive your race packet until this form is filled out and turned in) To save yourself time at packet pick-up it is suggested that you bring the form with you – already filled out.

Participant Name: _____ **Age:** _____

Race Day Emergency Contact Info:

Name: _____ **Phone:** _____

Physician: _____ **Phone:** _____

CIRCLE ALL ITEMS THAT APPLY TO YOU

Angina (chest pain)	Heart attack	Irregular heart rhythm
Pacemaker	High blood pressure	Diabetes
Seizures	Bleeding disorder	Asthma
Anemia	Pregnancy	Heat exhaustion
Dehydration	Hyperventilation	Hypoglycemia

Recent infection _____ **Recent surgery** _____

Allergies: _____

MEDICATIONS

Nitroglycerin	Diuretic (water pill)	Beta blocker
Anti-hypertensive	Anti-arrhythmic	Anti-epileptic
Insulin	Diabetic medicine	Albuterol Inhaler

List Medications You're Taking & Dosages:

- 1) _____
- 2) _____
- 3) _____