



BIB NUMBER FOR THIS EVENT: _____

MEDICAL INFORMATION FORM

Instructions: Please download this form, fill it out and turn it in at packet pick up. You will not receive your packet until this form is filled out and turned in. To save yourself time at packet pick up, it is suggested that you bring this form with you, filled out and ready to be turned in.

Participant Information:

Last Name: _____ First Name: _____ M.I. _____

Mailing address: _____

Phone number:(____) _____

Sex: _____ DOB: ____/____/____ Age: _____

Medical Insurance Company:

Name of Company: _____ Policy Number: _____

Race Day Emergency Contact:

Name: _____ Phone Number:(____) _____

Emergency Contacts Relation to Participant: _____

Physician: _____ Phone Number:(____) _____

CIRCLE ALL ITEMS THAT APPLY TO YOU

- | | | | |
|---------------------|--------------|------------------------|-----------|
| ANGINA | HEART ATTACK | IRREGULAR HEART RHYTHM | PACEMAKER |
| HIGH BLOOD PRESSURE | DIABETES | BLEEDING DISORDER | SEIZURES |
| ASTHMA | ANEMIA | HEAT EXHAUSTION | PREGNANCY |
| HYPERVENTILATION | DEHYDRATION | HYPOGLYCEMIA | |

PLEASE USE THE BACK OF THIS FORM TO GIVE FURTHER DETAIL TO ANY OF THE FOLLOWING:

Have you recently had an infection: Yes No

Have you had a recent surgery: Yes No

Do you take any of the following medications:

- | | | | |
|-------------------|-----------------------|--------------|-------------------|
| Nitroglycerin | Diuretic (water pill) | Beta Blocker | Anti-hypertensive |
| Anti-arrhythmic | Anti-seizure | Insulin | Diabetic medicine |
| Albuterol Inhaler | | | |

Please list any other medications and dosages here: