



<u>RACE #</u>

2010 TryCharleston Half Medical Information Form

Instructions: Please download this form – fill it out and turn it in at packet pick-up.
(You will not receive your event 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:** _____

Event 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 _____ | | |

MEDICATIONS

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