

Racer Medical Form

Please note that all information provided in this form is confidential, it is only to be used in the event of an emergency. Providing this information is at your discretion and is not mandatory to do so.

Racer Details

Name:

Address:

City:

Province/State:

Postal/Zip Code:

Home Phone Number:

Date of Birth:

Health Care Number/Insurance Provider:

Emergency Contact Person:

Emergency Contact Phone number:

Family Doctor's Name:

Family Doctor's Phone Number:

Do you have any allergies **YES** or **NO** , if yes please describe.

Are you on any medications (prescription or non-prescription) **YES** or **NO**, if yes please describe name, dose, frequency and reason:

Please list any medical conditions (nosebleeds, asthma, diabetes, heart disease, high blood pressure, chronic headaches or other), and/or psychological or physical conditions (depression, seizures, nerves, previous breaks, sprains and/or dislocations) that may affect your ability to race in Minotaur SkyRace or Mini-Taur 10km: