

# Sea2summit Adventure Racing Ltd.

## ***Competitor Medical Form***

Name \_\_\_\_\_ Race \_\_\_\_\_

Blood Type \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

Medications – Prescription \_\_\_\_\_

\_\_\_\_\_

Medications – OTC \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_

Life threatening allergies \_\_\_\_\_

Non life threatening allergies \_\_\_\_\_

Any serious illnesses or injuries within the last three years? \_\_\_\_\_

\_\_\_\_\_

Any surgeries or surgical procedures within the last three years? \_\_\_\_\_

\_\_\_\_\_

Chronic disabilities or illnesses \_\_\_\_\_

\_\_\_\_\_

Do you wear eyeglasses or contact lenses? \_\_\_\_\_

Medical Insurance Plan / Health Care Provider \_\_\_\_\_

\_\_\_\_\_

Care Card number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

*I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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