



Medical Form

*****This information is strictly confidential*****

Please complete this form (print please) and seal it in an envelope prior to arrival at registration. Print your name on the envelope. The envelope will only be opened in the case of an emergency. If you wish, the envelope can be returned to you after your last run session.

Date: _____ Event: _____

Name: _____ DOB / Age: _____

Address: _____

City / State: _____ Zip: _____

Telephone: () _____

Health Insurance Carrier & Policy Number: _____

Whom to notify in case of an emergency: _____

Relationship: _____

Phone number where they may be reached: () _____

Blood type & RH: _____

Do you wear contacts?: Y / N

Date of last tetanus: _____

Prosthesis?: Y / N

Present medications:

Significant condition which might affect you at the track:
