

**Medical Information Form
AWLA Team Rescue Tails**

MEDICAL BACKGROUND

NAME: _____ SEX: MALE FEMALE

EMPLOYER NAME & ADDRESS: _____

MEDICAL INSURANCE COMPANY: _____

INSURANCE ID: _____

MEDICAL INSURANCE POLICY HOLDER: _____

PRIMARY CARE PHYSICIAN, ADDRESS, AND PHONE NUMBER: _____

CURRENT MEDICATIONS AND DOSES: _____

CURRENT MEDICAL CONDITIONS: _____

ALLERGIES (food, medications, etc.): _____

PHARMACY NAME, ADDRESS, & PHONE NUMBER: _____

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING:

- Chronic Illness Back Problems Fainting Spells High Blood Pressure
 Bone/Joint Condition Heart Murmur Diabetes Trouble Breathing Asthma
 Chest Pain Cardiovascular Disease Other Heart Condition (please describe below)
 Unusual Fatigue Liver Condition Cancer SURGERY (please describe below)

PLEASE DESCRIBE CONDITIONS CHECKED ABOVE AND DATES OF CONDITION (use additional sheet of paper if necessary): _____

DO YOU HAVE ANY OTHER CONDITION THAT COULD AFFECT YOUR HEALTH AND SAFETY WHILE PARTICIPATING IN ATHLETIC EVENTS (e.g., pregnancy, illness)?: _____

IS THERE ANYTHING ELSE NOT LISTED ABOVE THAT WE SHOULD KNOW ABOUT?: _____

FITNESS INFORMATION:

BIRTHDATE (mm/dd/yy): ___/___/___

TIMES PER WEEK YOU CURRENTLY ENGAGE IN ATHLETIC/SPORTS/FITNESS ACTIVITIES:

- Daily 5-6 days/week 3-4 days/week 1-2 days/week almost never

LIST ANY PREVIOUS OR CURRENT ATHLETIC INJURIES: _____

I HAVE COMPLETE (state number completed):

___ MARATHONS ___ 1/2 MARATHONS ___ 10k's ___ 5k's ___ IRONMAN TRIATHLONS

___ 1/2 IRONMAN TRIATHLONS ___ SPRING OR OLYMPIC TRIATHLONS

___ FULL CENTURY OR GREATER BIKE RIDES ___ METRIC CENTURY BIKE RIDES

___ ENDURANCE SWIM EVENTS (1 mile or greater)

PLEASE DESCRIBE OTHER RACES/TOURS/COMPETITIONS: _____

EMERGENCY CONTACT INFORMATION:

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

EMERGENCY CONTACT PHONE NUMBER(S): _____

RELATIONSHIP TO EMERGENCY CONTACT: _____

** If any of the information in this Medical Information form changes, you are required to submit a revised form to AWLA Team Rescue Tails immediately **[provide contact email for team]**