

<u>BIB/EVENT #</u>



SCTS Medical Information Form

Instructions: Please print 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 completed form with you.

Participant Name: _____ Age: _____
Event Day Emergency Contact Info: Name: _____ Phone: _____
Recent travel outside of the U.S.: (None) _____

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 surgery/hospitalization: _____
Allergies: _____

MEDICATIONS

List any medications (and dosages) you are currently taking:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____