

PIGTAILS MEDICAL INFORMATION

BIB # _____

NAME _____

In order to participate in this year's Pigtails Challenge Race this medical history form must be completed. It is not the intent of the Pigtails Challenge committee to prevent runners from participating, but rather to alert medical emergency personnel of existing or past health problems of any runner.

Please answer the following questions:

Is this your first 50k or longer race? _____ YES _____ NO

Do you take any medications? _____ YES _____ NO

Do you have, or have you had any of the following?

High blood pressure _____ YES _____ NO

Cardiovascular disease _____ YES _____ NO

Seizures, convulsions, or fainting _____ YES _____ NO

Diabetes _____ YES _____ NO

Asthma _____ YES _____ NO

Kidney disease _____ YES _____ NO

Heat stroke _____ YES _____ NO

Head, neck or spinal injury _____ YES _____ NO

Recent surgery (in last 2 years) _____ YES _____ NO

Drug allergies _____ YES _____ NO

Allergies _____ YES _____ NO

Please explain any YES answers including date of onset: Please list any current medications that you are taking: Other related information that the medical staff should know (allergies to bee stings, etc.): _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

I certify that I have provided true and complete information concerning my health and qualifications to participate in Pigtails Challenge. I have read this medical information sheet and I understand and agree to be bound by the terms and conditions set forth herein. I agree to abide by all decisions of race officials relative to my participation.

Date: _____ Name: _____

(please print)

Signature: _____