

**Personal Medical Information
Across The Years 2006**

Runners must complete and sign this form before their race. We recommend you fill it out beforehand and bring it with you so you will not have to do it on race morning.

Check here if you would like this form returned to you after the race. If not, it will be destroyed. (circle one) Yes No

NOTE: The *confidential* medical questions listed below are for your personal protection. No one except authorized race committee and medical professionals will have access to this information, and even then, only in the event of a medical emergency.

Across The Years participants assume full responsibility for payment of emergency medical services fees.

Administrative use – add mileage before taking runner to hospital

Miles run: _____

Race Information

Race entered (*circle which*) 24 Hour 48 Hour 72 Hour

Past ultra distances completed

Ever been treated medically (*circle one*) Yes No
during or just after an ultra?

Personal Information

Name _____

Age _____

Gender _____

Height _____

Weight _____

(over – complete second side)

Personal Medical History – Page 2

Insurance Information

Health Insurance _____

Group Number _____

ID Number _____

Medical History

Past Medical History _____

Special Medical Alert _____

Current Medications (*prescriptions, vitamin, herbal*) _____

Allergies to Medications _____

Allergies to Food _____

Anything else that we should know about you _____

Signature _____ **Date** _____

