

**Personal Medical Information  
Across the Years 2010**

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.**

**NOTE:** The *confidential* medical questions listed below are for your personal protection. Only authorized race officials 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            48            72

Past ultra distances completed      \_\_\_\_\_

\_\_\_\_\_

Ever been treated medically       Yes       No  
during or just after an ultra?

**Personal Information**

Name      \_\_\_\_\_

Age      \_\_\_\_\_

Gender      \_\_\_\_\_

Height      \_\_\_\_\_

Weight      \_\_\_\_\_

*(over—complete second side)*

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**Insurance Information**

Health Insurance \_\_\_\_\_

Group Number \_\_\_\_\_

ID Number \_\_\_\_\_

**Medical History**

Past medical history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special medical alert \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications \_\_\_\_\_

(prescription, vitamin, herbal) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies to medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies to food \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else we should \_\_\_\_\_

know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature**

\_\_\_\_\_