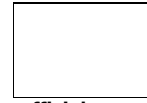


**Medical Form and Disclaimer – MUST BE COMPLETED BEFORE
EVENT**



For official use only

Men's Health Survival of the Fittest 11th October.

To be completed in full by all participants.

The race lead medic will retain a paper copy of this information as a confidential record. This information is for use by the race lead medic. It may be passed to appropriate parties where he / she deems this necessary. This document will be stored under appropriate conditions.

This questionnaire designed is to assist the race support team in assessing and caring for injured parties.

Anyone for whom the medical support team have a responsibility for will be required to complete this form.

All of the information requested has a direct relevance to medical care.

In the event of injury, there will be reduced need to question individuals or transmit personal medical information, as this will already be to hand, improving levels of care and confidentiality.

Many thanks for your co-operation

Detail Events Ltd

1	Name:
2	Date of Birth
3	Please list any current medical or psychiatric conditions..
4	Do you have significant past medical or psychiatric problems including, High Blood pressure, Epilepsy, Heart Disease, Stroke, Asthma or Diabetes?
5	Please list any previous operations..
6	Please list any medication taken including, bought at a chemist, prescribed, contraception etc..

Cont

