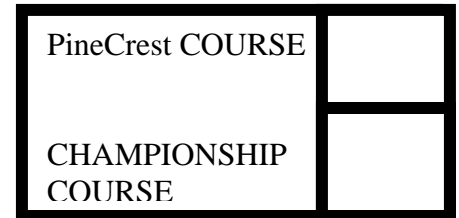


Individual Medical Form



Team Name: _____

First Name: _____ Surname: _____

Home Address: _____

Date of Birth: _____ Sex: M F

Are you currently taking any medications? yes no

If so, please specify : _____

Are you allergic to any medications? yes no

If yes, please specify: _____

Please list any allergies you have (insects, food...) and if you are currently being treated for them (ie: do you have an Epi Pen ?):

Have you been treated for any serious illnesses within the last three years? If yes, please describe:

Have you recently experienced or been diagnosed with any of the following? (circle those which apply):

shortness of breath
dizziness
numbness in limbs
nausea/vomiting
blood in urine
hyperthyroid

heart racing
high blood pressure
low blood pressure
blurred vision
blood in stool
tuberculosis

headaches
heart palpitations
chest pains
loss of hearing
hypothyroid
hepatitis (which type?)

Have you had any surgeries or surgical procedures within the last three years? If yes, please describe:

Is there anything else pertaining to your health that we should know about (ie chance of being pregnant)?

Name, address and phone number of your doctor: _____

Name, and phone number of the person we contact in case of emergency?

I certify that I am physically fit, have sufficiently trained for participation in the Logs Rocks and Steel Multisport Race, and have not been advised otherwise by a qualified medical person. I also certify that all the information given above is correct.

Signature:

Date: