



COMPULSARY MEDICAL INFORMATION FORM

12th February 2022

CONFIDENTIAL

You must complete this Medical Information Form in full to participate in the Al Marmoom Ultramarathon. Your medical form needs to be signed by a doctor to confirm that you are physically fit to run the race, which takes place in challenging conditions, including extreme high temperatures and humidity.

How we use the information:

Your answers will provide the organizers of the Al Marmoom Ultramarathon with essential information to make any necessary or special preparations (if required) and to provide you with appropriate medical care during the run if needed. If you answer "Yes" to any question please give the fullest possible details.

Who sees the information:

All information received is confidential. However, any or all of it may be shared with medical personnel, co-runners, or third parties, if this is deemed necessary for yours and others' safety and well-being.

FAMILY NAME:

GIVEN NAMES:

Height (cm):

Weight (kg):

DOB (dd/mm/yyyy):

Age: Sex (M/F):

Past Medical Conditions

Have you had any significant medical, surgical or mental health conditions? NO YES

If YES, please give details

Present Medical Conditions

Do you have any physical or mental health conditions requiring treatment or medical supervision? NO YES

If YES, please give details

Have you undergone any surgical procedures in the last 12 months? NO YES

If YES, please give details

Have you had any hospital investigations or treatment in the last 12 NO YES

If YES, please give details

Medication

Are you taking any drugs or other medication, including anti-coagulants, or receiving chemothera- NO YES

Medication/treatment details

Reason

Allergies

Do you have you any allergies? NO YES

If YES, please give details

What are you allergic to?

What is the treatment for the allergic reaction?

Do you have, or have you ever had:

Angina (cardiac)	NO	YES
Heart attack	NO	YES
High blood pressure	NO	YES
Other heart disease	NO	YES
Cardiovascular accident (stroke)	NO	YES
Transient ischaemic attack	NO	YES
Peripheral vascular disease	NO	YES
Asthma	NO	YES
Epilepsy	NO	YES
Thyroid disease	NO	YES
Bleeding disorders	NO	YES
Depression	NO	YES
Other mental health condition	NO	YES
Cancer	NO	YES
Back problems	NO	YES
Diabetes	NO	YES

If YES to any of the above, please give full details (continue on extra pages if necessary)

Disabilities

Do you have any physical limitations or disabilities?	NO	YES
Do you use any artificial aids, e.g. wheelchair, stick, prosthetic?	NO	YES

If YES to any of the above, please give full details

If you have any medical issues that may affect your fitness to participate you are advised to seek advice from your own physician.

Details of your personal physician

Name:

Street Address: City:

Country: Post Code:

Phone: + (Please give country code)

Email:

Please sign below. Your signature confirms

- 1) That you are fit to undertake the Al Marmoom Ultramarathon.
- 2) That you have provided accurate and complete information.
- 3) Your consent for the organizers of the Al Marmoom Ultramarathon to seek further medical information from your personal physician if required.
- 4) That you will inform the Organizers of Al Marmoom Ultramarathon of any change in your medical details prior to the start of the Run.
- 5) That you agree that the information in this form will be provided to medical personnel if required.

I declare that the above information is correct:

Signed and stamped:

Signed in:

Date:

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