



**CONFIDENTIAL**

**7EmiratesRun 2015 – Medical Information Form**

You must complete this Medical Information Form in full before you will be able to participate in the Run.

**How we use the information:**

Your answers will provide the Organizers of the 7EmiratesRun with essential information to make any necessary or special preparations (if required) and to provide you with as good medical care as possible during the Run if needed. To this end, 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 or SURNAME:** ..... **GIVEN NAMES:** .....

**Your 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 procedure in the last year? NO YES

If YES, please give details
-----------------------------

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

If YES, please give details
-----------------------------

**Medication**

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

Drug (generic name)
Dose
Reason

**Allergies**

Do you have you any allergies? NO YES

If YES, please give details What are you allergic to?  Mild/Moderate/Severe
--

**Do you have, or have you ever had:**

Angina (cardiac)	NO	YES
Myocardial Infarct (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
Altitude illness	NO	YES
Back problems	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)

Fax: + .....

Email: .....

**Please sign below. Your signature confirms—**

- 1 that you are fit to undertake the 7EmiratesRun;
- 2 that you have provided accurate and complete information;
- 3 your consent for the Organizers of the 7EmiratesRun to seek further medical information from your personal Physician if required
- 4 that you will inform the Organizers of the 7EmiratesRun 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.

**SIGNED:**

.....

**DATE:**

.....