

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:

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DATE:

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