

CONFIDENTIAL

7EmiratesRun 2016 - 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, corunners, or third parties, if this is deemed necessary for yours and others' safety and well-being.

FAMILY or SURNAME:	GIVEN NAMES: Weight (kg):			
Your Height (cm):				
DOB (dd/mm/yyy):	Age:			
Sex (M/F):				
Past Medical Condition	ns			
Have you had any signifi	YES			
Present Medical Condi	itions			
Do you have any physica medical supervision?	l or mental health conditions requiring treatment or	NO	YES	
If YES, please give de	etails			

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 be	low. Your signature	e confirms—			
1	that you	are fit to undertake t	the 7EmiratesRun;			
2	that you	ou have provided accurate and complete information;				
3		onsent for the Organizers of the 7EmiratesRun to seek further medical information from your all Physician if required				
4		u will inform the Organizers of the 7EmiratesRun of any change in your medical prior to the start of the Run;				
5	that you	you agree that the information in this form will be provided to medical personnel if red.				
SIGNE	D:					
DATE:						