

**Medical Information Form  
AWLA Team Rescue Tails**

**MEDICAL BACKGROUND**

NAME: \_\_\_\_\_ SEX:  MALE  FEMALE

EMPLOYER NAME & ADDRESS: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_

INSURANCE ID: \_\_\_\_\_

MEDICAL INSURANCE POLICY HOLDER: \_\_\_\_\_

PRIMARY CARE PHYSICIAN, ADDRESS, AND PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS AND DOSES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICAL CONDITIONS: \_\_\_\_\_

ALLERGIES (food, medications, etc.): \_\_\_\_\_

PHARMACY NAME, ADDRESS, & PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING:

- Chronic Illness     Back Problems     Fainting Spells     High Blood Pressure  
 Bone/Joint Condition     Heart Murmur     Diabetes     Trouble Breathing     Asthma  
 Chest Pain     Cardiovascular Disease     Other Heart Condition (please describe below)  
 Unusual Fatigue     Liver Condition     Cancer     SURGERY (please describe below)

PLEASE DESCRIBE CONDITIONS CHECKED ABOVE AND DATES OF CONDITION (use additional sheet of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY OTHER CONDITION THAT COULD AFFECT YOUR HEALTH AND SAFETY WHILE PARTICIPATING IN ATHLETIC EVENTS (e.g., pregnancy, illness)?: \_\_\_\_\_

IS THERE ANYTHING ELSE NOT LISTED ABOVE THAT WE SHOULD KNOW ABOUT?: \_\_\_\_\_

\_\_\_\_\_

**FITNESS INFORMATION:**

BIRTHDATE (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

TIMES PER WEEK YOU CURRENTLY ENGAGE IN ATHLETIC/SPORTS/FITNESS ACTIVITIES:

- Daily     5-6 days/week     3-4 days/week     1-2 days/week     almost never

LIST ANY PREVIOUS OR CURRENT ATHLETIC INJURIES: \_\_\_\_\_

\_\_\_\_\_

I HAVE COMPLETE (state number completed):

\_\_\_ MARATHONS \_\_\_ 1/2 MARATHONS \_\_\_ 10k's \_\_\_ 5k's \_\_\_ IRONMAN TRIATHLONS

\_\_\_ 1/2 IRONMAN TRIATHLONS \_\_\_ SPRING OR OLYMPIC TRIATHLONS

\_\_\_ FULL CENTURY OR GREATER BIKE RIDES \_\_\_ METRIC CENTURY BIKE RIDES

\_\_\_ ENDURANCE SWIM EVENTS (1 mile or greater)

PLEASE DESCRIBE OTHER RACES/TOURS/COMPETITIONS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

IN CASE OF EMERGENCY PLEASE NOTIFY: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER(S): \_\_\_\_\_

RELATIONSHIP TO EMERGENCY CONTACT: \_\_\_\_\_

\*\* If any of the information in this Medical Information form changes, you are required to submit a revised form to AWLA Team Rescue Tails immediately **[provide contact email for team]**