



Event: _____
Team Number: _____

Full Moon Medical Form

Please complete the below information in the event that you require medical attention during the race. All information is voluntary on the part of the racer and is used only by our Medical Crew in the event of an emergency.

Name: _____ Sex: _____

Address: _____

Birthdate: _____ Health Care No. _____

Do you have any past injuries or medical conditions that may influence your race?

Have you had surgery in the last twelve months? If so, describe

Current Medications: _____

Allergies (to medication or other): _____

Do you carry an epi-pen for any of these allergies: _____

Do you wear eyeglasses or contact lenses? _____

Name of family physician: _____ Phone No. _____

Emergency contact:

Name: _____ Phone No. _____

Address: _____ Relationship: _____

I hereby certify I have completed the above information on this medical form to the best of my knowledge.

Name (print): _____

Signature: _____

Date: _____