

Mandatory Medical Information Sheet

Pine to Palm 100 mile Endurance Race

For you to be eligible to participate in this year's Pine to Palm Endurance Race, this medical history form must be completed. It is not the intent of Race Management to eliminate runners from the event, but rather to alert our medical staff of existing or past health problems. If the Medical Director, in reviewing this form, feels it is necessary to clarify any information listed below, you will be contacted. Applicants might not be allowed to participate in the run, if the Medical Director believes their participation would pose an unacceptable risk to the runner or to the Pine to Palm 100 mile Endurance Run organization.

Please answer the following questions:

Is this your first 100 mile race? ___ YES ___NO

Do you have, or have you had, any of the following?

High Blood Pressure	___YES	___NO
Cardiovascular disease	___YES	___NO
Seizures, convulsions, or fainting	___YES	___NO
Diabetes	___YES	___NO
Asthma	___YES	___NO
Kidney Disease	___YES	___NO
Drug allergies	___YES	___NO
Heat Stroke	___YES	___NO
Recent surgery (in last 2 years)	___YES	___NO
Head, neck or spinal injury	___YES	___NO

Please explain any YES answers including date of onset:

Please list any medications that you are currently taking:

Any other information that you feel the medical staff should know?

I certify under penalty of perjury that I have provided true and complete information concerning my health and qualifications. I expressly acknowledge that I have read this entry form and the medical information sheet provided by the medical staff and that I understand and agree to be bound by the terms and conditions set forth herein.

Date: _____ Name: _____ (please print)

Signature: _____