**LoM50 Medical Form**

Participant Number:

**Every participant MUST complete this form and hand it in registration. The form will be held in a sealed envelope by our first aid coordinators for the duration of the event and will be destroyed by the event coordinator at the end of the event if there has been no medical emergency.**

**Participants are advised to remove rings from fingers before the start of the event in case of swelling during the 24 hours.**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname |  |
| Date of Birth |  |  | |

**Emergency Contact Details**

|  |  |
| --- | --- |
| Name |  |
| Phone Number |  |
| Relationship to participant |  |

**Medical Details**

|  |  |
| --- | --- |
| Do you take any medication? If YES, please list drugs and dosage |  |
| Do you have any drug allergies or allergic reactions? if YES, please provide details |  |

**Medical History**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any previous history of the following conditions? | | | |
| Heart Problems | YES / NO | Irregular Heart Beat | YES / NO |
| Asthma | YES / NO | Diabetes | YES / NO |
| Epilepsy | YES / NO | Collapse during exercise | YES / NO |
| Low sodium levels | YES / NO | High blood pressure | YES / NO |
| Susceptible to heat-stroke | YES / NO | Kidney Problems | YES / NO |

**THE CONTENTS OF THIS FORM WILL NOT BE SHARED WITH ANYONE OTHER THAN MEDICAL STAFF IN THE EVENT OF AN EMERGENCY.**

**IF YOU HAVE ANY CONCERNS ABOUT YOUR HEALTH AND ABILITY TO COMPLETE THE EVENT SAFELY, PLEASE TALK WITH YOUR GP AHEAD OF THE EVENT, OR WITH OUR MEDICAL TEAM AT REGISTRATION.**