

BC Bike Race - Participant Medical Information

This document is used to help prepare BC Bike Race staff in the event of an emergency. This document is not a “seal of approval” for participation and any health concerns you may have need to be brought up with a physician. This document will be accessed in the event you get injured/ill and you are unable to give medical staff your medical history.

- This form must be completed in full, signed and returned before you race.
- We advise all participants to visit their physician and have a medical and physical exam prior to the race.
- All participants require a current tetanus shot (within 10 years).
- As a participant in this race, you may be subject to extreme weather conditions: temperatures ranging from freezing to 45°C; prolonged sunlight exposure; possible sudden cold-water immersion (see waiver for a more in-depth description of risks).
- We operate in remote locations with difficult or impossible access to medical care. You may be injured or ill on the race course without help for multiple hours or longer.
- PLEASE print legibly

Personal Information

Full Name			Medical Insurance Information	
Address			Emergency Contact and Phone Number	
Country			Physician Name and Contact Details	

Age:	Weight	Height
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Medical & Physical Information

Please list any/all **medical conditions**, and physical conditions that may affect your ability to participate in the BC Bike Race. Examples - Respiratory problems, cardiac problems, pregnancy, previous frostbite, heat-related illness, eyesight/hearing, balance/vertigo, previous head injury, dietary restrictions.

<div><input type="checkbox"/> Concussion</div> <div><input type="checkbox"/> Any other head injury</div> <div><input type="checkbox"/> Vertigo</div> <div><input type="checkbox"/> Bad Balance</div> <div><input type="checkbox"/> Head Wounds</div> <div><input type="checkbox"/> Neurosurgery</div> <div><input type="checkbox"/> Heart problems</div> <div><input type="checkbox"/> Arrhythmia</div> <div><input type="checkbox"/> Heart attack</div> <div><input type="checkbox"/> High blood pressure</div> <div><input type="checkbox"/> Clotting issues</div> <div><input type="checkbox"/> Collapsed lung</div> <div><input type="checkbox"/> Internal bleeding</div> <div><input type="checkbox"/></div>	<div>Reaction to general anesthetic</div> <div><input type="checkbox"/> No <input type="checkbox"/> Yes Explain</div> <div><input type="checkbox"/> Sprains</div> <div><input type="checkbox"/> Dislocations</div> <div>List any prior fractures, dislocations and surgical procedures:</div> <div>List any allergies to anything:</div> <div>Other health notes:</div>
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