

BIB NUMBER

MEDICAL INFORMATION FOR TAHOE SIERRA 50 & 100 MILE MTB ULTRA RACE

NAME		DOB: / /	
ADDRESS		PHONE () -	
CITY	STATE OR COUNTRY	ZIP	
PRIMARY LANGUAGE SPOKEN <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: _____			

EMERGENCY CONTACT INFORMATION

NAME	PHONE () -
NAME	PHONE () -
PHYSICIAN	PHONE () -

HEALTH INFORMATION

ALLERGIES:	
<input type="checkbox"/> CARDIAC (type of issue)	
<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> SEIZURE
<input type="checkbox"/> DIABETES	<input type="checkbox"/> RENAL
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> LIVER
<input type="checkbox"/> OTHER	
CURRENT MEDICATIONS (please list)	<input type="checkbox"/> NONE
ADDITIONAL INFORMATION	

I authorize the above information to be released only to medical professionals directly involved in my care should I become injured or ill during or after the Tahoe Sierra 50 & 100 mile MTB race.

SIGNATURE	DATE
-----------	------

THIS FORM WILL EITHER BE RETURNED TO THE INDIVIDUAL LISTED ABOVE AT THE CONCLUSION OF THE EVENT OR WILL BE SHREDDED BY RACE OFFICIALS.