

**Medical Form and Disclaimer
MUST BE COMPLETED BEFORE EVENT**

MELBOURNE RAT RACE

22/23 NOVEMBER 2008

To be completed in full by all participants, volunteers & event staff

The race lead medic will retain a paper copy of this information as a confidential record. This information is for use by the race lead medic. It may be passed to appropriate parties where he / she deems this necessary. This document will be stored under appropriate conditions.

This questionnaire is designed to assist the race support team in assessing and caring for injured parties. Anyone for whom the medical support team have a responsibility for will be required to complete this form.

In the event of injury, there will be reduced need to question individuals or transmit personal medical information, as this will already be to hand, improving levels of care and confidentiality.

Many thanks for your co-operation

Rat Race Australia Pty Ltd

1	Name:
2	Date of Birth
3	Please list any current medical or psychiatric conditions..
4	Do you have significant past medical or psychiatric problems including, High Blood pressure, Epilepsy, Heart Disease, Stroke, Asthma or Diabetes?
5	Please list any previous operations..
6	Please list any medication taken including, bought at a chemist, prescribed, contraception etc..

Cont

7	Please list any allergies (drug / other) and state whether minor irritation/rash or life threatening..										
8	Have you had previous significant injuries including, fractures which required metalwork / bone fusion?										
9	Have you previously suffered from A. Dislocations. If yes please specify.. B. And are these recurrent?										
10	Have you suffered from hypothermia, frostbite or other cold related injuries in the past?										
11	Do you have a family history of Ischaemic Heart Disease/stroke less than 55 yrs? YES or NO										
12	Are you a smoker? YES or NO										
13	Are you pregnant? YES or NO										
14	<p>Please provide two emergency contacts;</p> <table> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Relationship:</td> <td>Relationship:</td> </tr> <tr> <td>Address:</td> <td>Address:</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Contact tel.</td> <td>Contact tel.</td> </tr> </table>	Name:	Name:	Relationship:	Relationship:	Address:	Address:	 	 	Contact tel.	Contact tel.
Name:	Name:										
Relationship:	Relationship:										
Address:	Address:										
Contact tel.	Contact tel.										

I confirm that I have read and understand this questionnaire and that the information I have provided is accurate to the best of my knowledge.

I declare I am physically fit and healthy enough to take part in activities during the Rat Race. I acknowledge that taking part in adventure events (or for crew and marshals – working at the event) can be hazardous, and waive and renounce any rights and claims for damages I may have against the organiser or his agents for loss/injury as a result of participation in this event. If you are under 18, your parent/ guardian MUST sign their consent for you to take part on the day in person, at the event.

I consent to the sharing of this information at the discretion of the race medic staff where he / she deems this necessary.

Print Name: _____ Signature: _____ Date _____

IMPORTANT at Registration

PLEASE WRITE YOUR NAME, ANY CURRENT MEDICATION, ANY ALLERGIES, AND EMERGENCY CONTACT NUMBER ONTO THE BACK OF YOUR RACE NUMBER, OR (FOR CREW AND VOLUNTEERS) ON A DOCUMENT IN YOUR POSSESSION.