



## THE LEWISTON ULTRA MEDICAL FORM (OPTIONAL)

This Medical Form is **OPTIONAL & confidential** and would be referenced by medical assistance/medical crew in the event of an emergency. If you take medications and/or have a medical condition that may affect your race day, please complete the form below.

THE LEWISTON ULTRA 2018: \_\_\_\_\_ 50km SOLOIST      \_\_\_\_\_ 50km RELAY TEAM      \_\_\_\_\_ BIB #

\_\_\_\_\_  
NAME

\_\_\_\_\_  
BIRTHDATE (DD/MM/YEAR)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
MALE/FEMALE

\_\_\_\_\_  
CITY, PROVINCE/STATE

\_\_\_\_\_  
POSTAL/ZIP CODE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
HEALTH CARE #

Do you have any past and/or present injuries or medical conditions that may influence your race?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any previous surgeries? If so, please list/describe below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Do you carry an EPI-PEN for any of these allergies?

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
EMERGENCY CONTACT PHONE