

# 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	
Age:	Weight:	Height:	
Address			Emergency Contact and Phone Number
Country			Physician Name and Contact Details

## 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.*

Concussion  


---

 Any other head injury  


---

 Vertigo  


---

 Bad balance  


---

 Head wounds  


---

 Neurosurgery  


---

 Heart problems  


---

 Arrhythmia  


---

 Heart attack  


---

 High Blood Pressure  


---

 Clotting Issues  


---

 Collapsed lung  


---

 Internal bleeding  


---

 Asthma  


---

Reaction to general anaesthetic  
 No  Yes Explain  


---

 Sprain  


---

 Dislocations  


---

 Fractures  


---

 Fractured ribs  


---

 List any prior fractures, dislocations and surgical procedures:  


---

 List any allergies to anything:  


---

 Other health notes:  


---

## Medication Information

Please list all **medications**, both prescription and non-prescription, that you will be bringing with you during the race.

- This medication **must** be carried with you each day during the race.
- List name of the drug, detailed dosage and frequency instructions on the outside of each container.
- Ensure that the medication has not expired!
- Check with your doctor/pharmacist and find out if there are any side effects, contraindications or storage considerations for the medication you are bringing and bring this information with you.
- Pack the medication in a waterproof/sun proof container.
- Bring twice as much medication as you are required to take for the entire length of your trip, in two separate containers.  
Give half to your race partner in case you lose yours.

## Critical Medicines

Are you on any of the following?

- Blood Pressure Meds     Blood Thinners (Warfarin, Coumadin, etc.)     Aspirin     Asthma Inhaler     Insulin

Please list medication name, reason for use, and instructions for frequency and dosage.

Medication Name	Reason for Use	Instructions	Frequency	Dosage

## Immunization Information

Your tetanus shot must be current (with 10 years) to race BC Bike Race.

What was the date of your last Tetanus inoculation or booster (month/year)?
---

## Disclaimers

- I have completed this Participant Medical Information form accurately and truthfully, to the best of my knowledge.
- I understand that any injury or illness that is aggravated by, or a result of, my participation in the BC Bike Race is solely my own responsibility and I hereby release BC Bike Race, their directors, management, employees, and associates from any future claims I might make against them.
- I understand that it is my responsibility, before the race begins, to inform BC Bike Race of any medical conditions that may have arisen after filling out this form.

Signature:	Witness:
Date:	Date: