St. Jude Run Medical History Form

The following questionnaire is required in the unlikely event you require emergent medical care while participating in any of the St. Jude Runs. The information you provide may help health care providers assist you under such circumstances. Please answer the following as accurately as possible.

Name: ____

Address:____

Age: _____ Sex: M or F Date of Birth: _____________

Medical Insurance Carrier:________________________________

Emergency Contacts: Name: ___________________________ Home Phone #: _________________________

Relation:_________________________ Work #: _________________________

Medical Data: Doctor: _____________________________ Phone #:_________________________

What medications are you presently taking or may you be taking during the run (include prescription medications, over-the-counter medications, dietary supplements and herbal remedies).

_____________________ _________________________ ___________________________
_____________________ _________________________ ___________________________

Known food, drug or environmental allergies:

_____________________ _________________________ ___________________________
_____________________ _________________________ ___________________________

Have you been treated or are you presently being treated for any of the following conditions. Please check all that apply and provide a detailed explanation for any checked responses in the area following.

Hypertension	____	Epilepsy	____	Lung Disease	____	Thyroid Disease	____
Diabetes	____	Seizure Disorder	____	Hypotension	____	Liver Disease	____
Heart Attack	____	Brain Tumor	____	Rheumatic Fever	____	Anxiety	____
Renal Disease	____	Cancer	____	Heart Failure	____	Stroke	____
Fainting	____	Psychiatric Disease	____	Myocarditis	____	Anemia	____
Loss of Consciousness	____	Blood or Bleeding Disorder	____	Circulatory Disorder	____	Nervous System Disorder	____
Gastrointestinal Disease	____	Other Endocrine Disease	____	Head, Eye, Ear, Nose, Throat Disorder	____	Other	____

Special Conditions/Remarks:

____
____
____

I affirm that the above information is correct to the best of my knowledge.

_______________________________ _______________

Signature Date

ANY INFORMATION PROVIDED WILL BE KEPT COMPLETELY CONFIDENTIAL