

Sport
Fund Raising
Training
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DECLARATION OF HEALTH

PLEASE COMPLETE IN BLOCK CAPITALS:

Your Full Name _____

Date of Birth _____

Applying for 2017 Ultramilano-Sanremo International Ultramarathon race

Home Address _____

Email address _____

Daytime Phone No _____

Your Doctor's Name _____

Doctor's Address _____

Doctor's Phone No _____

Mobile Phone No _____

PLEASE NOTE

We will use your home address and / or email address for all correspondence.

DECLARATION

I certify that all the information given on this form is complete and accurate to the best of my knowledge, and no information has been withheld. I understand that if this is later shown not to be the case it may result in the disqualification from the race.

I understand that I will be responsible for the cost of any reports or vaccinations required.

Signature of Applicant _____

Date _____



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Are you at present, or have you ever, suffered from any of the following:

Medical Condition	YES	NO	Details & duration of condition, including how it affects you, impact on sport activities (use separate sheet if necessary)
Heart & Circulation: heart attack, chest pain, angina, high blood pressure, poor circulation, etc. Respiratory System: asthma, bronchitis, shortness of breath, persistent cough (more than 3 weeks), TB, etc.			
Sensory: eyesight problems, colour blindness, hearing loss, speech/communication problems, etc.			
Nervous System: migraine, frequent headaches, fainting, strokes, fits, epilepsy, dizzy episodes, other neurological condition, etc.			
Endocrine/Gland Conditions: diabetes, thyroid problems, etc.			
Digestive System: ulcer, colitis, ileostomy/colostomy, irritable bowel, hernia, etc.			
Urinary System: bladder or kidney problems, repeated urinary infections, etc.			
Reproductive System: painful periods, sexually transmitted disease, operations, etc.			

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Medical Condition	YES	NO	Details & duration of condition, including how it affects you, impact on sport activities (use separate sheet if necessary)
Musculoskeletal System: back or neck problems, arthritis, rheumatism, muscle/joint problems. Injuries/deformities or hands/feet/limbs affecting movement or normal use. Any disability affecting mobility.			
Blood Disorders: anaemia, leukaemia, etc.			
Allergies: hay fever, medication, latex, etc.			
Infections: MRSA, dysentery or recurring diarrhoea, Hepatitis, TB, recurrent skin infections, frequent sore throats/tonsillitis, frequent colds, 'flu, or any other infectious disease. Are you being followed-up for contact with TB?			
Serious injury or trauma:			
Any other condition(s) not mentioned above:			
Are you currently taking any medication, including alternative therapy?			
Additional comments (in confidence) _____ _____ _____			