St. Jude Run Medical History Form

The following questionnaire is requested 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 Soc Sec #: ________________ 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:

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

_______________________________ _______________

Signature Date

ANY INFORMATION PROVIDED WILL BE KEPT COMPLETELY CONFIDENTIAL

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