

Race Number
(For our use only)

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Medical Information – Strictly Confidential

For use by Medical Staff only
This information will be destroyed on completion of the Race

Please only use this form if you are currently suffering from or receiving treatment for any of the following conditions. **THERE IS NO NEED TO SEND A NIL RETURN.**

Condition/Illness	Y/N	Condition/Illness	Y/N
Heart Attack		Angina	
Other Heart condition		Diabetes	
Epilepsy		Stroke	
Asthma		Pregnancy How many months?	
Anaphylactic Reaction or Severe allergic reaction		Please specify what reaction is to (eg: Bee sting)	
If there are any conditions which we have not listed above, but you consider that our Medical Support Team should be aware of, please indicate below			
Continue overleaf if necessary			

If you have indicated YES to any of the above, please provide written confirmation from your GP that you are fit to take part in the Sibelco Dartmoor Vale Marathon, Half Marathon or 10K Road Race. Please also advise us of any information appropriate (eg: medication, treatment etc) to pass on to our Medical Support Team to help you in the event of an emergency.

The organisers of the Sibelco Dartmoor Vale Marathon will take all steps possible to provide an adequate level of First Aid cover allowing for known risks. **If you do not disclose any of the above conditions so that it is not identified as a risk, the Organisers and the providers of First Aid cover cannot be held liable for not meeting any specific treatments required by your condition.**

It would be helpful if you would provide the following additional information:

Emergency contact details for Race Day:
Name:
Address:
Contact telephone number

Please return this form in an envelope marked **DVRC Confidential** to
Brian Goddard, 30 Manor Road, Salisbury, SP1 1JS

or email it to dmvraces@gmail.com