



## R2S Health History

All questions are confidential and strictly to ensure participants' well-being in the event of an emergency. The R2S can be physically and emotionally taxing and should not be undertaken unless you are in good health.

Name (last,first)\_\_\_\_\_ M or F Age\_\_\_\_ DOB\_\_\_\_  
Doctor's Name and Phone number \_\_\_\_\_  
MSP number \_\_\_\_\_

### EMERGENCY PHONE NUMBERS

Name	Relation	Contact Number(s)
1. _____		
2. _____		

### CURRENT MEDICATIONS(include prescribed, over-the-counter, vitamins and herbs)

Name of drug	Strength	Frequency taken
1. _____		
2. _____		
3. _____		
4. _____		

### ALLERGIES TO MEDICATIONS (NAME DRUG AND REACTION)

1. \_\_\_\_\_  
2. \_\_\_\_\_

### OTHER ALLERGIES (NUTS, BEE STINGS, ENVIRONMENTAL) AND TREATMENT

1. \_\_\_\_\_  
2. \_\_\_\_\_

### PAST MEDICAL HISTORY (ie CANCER, SURGERY, HOSPITALIZATION)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### CURRENT MEDICAL PROBLEMS (ie Diabetes, Heart Disease, Hypertension)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

I certify that the above medical information is correct, and in the event of injury during the R2S, I give the Ride Coordinator the permission to contact my family, seek medical care on my behalf and release my medical information as needed for my care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Ride2Survive Society reserves the right to refuse participation in the Ride2Survive based on this information and advice from a medical Doctor.