



Lifeway, Inc.

Marah J. Lee, D.O., F.A.C.P.

Dear Riders and Crew Members,

Welcome to one of the most important phases in preparation for **The SMART Ride 6**, completing the medical form. As Medical Director, I encourage you to put in as much time and consideration when completing this form as you have in your preparation for the upcoming experience.

Please, be honest in listing your medical history, and be assured that only a Medical Physician will be privy to your entries. Your information is strictly confidential, and will only be shared with other medical personnel if absolutely necessary.

I am excited to be a part of **The SMART Ride 6**. I am confident that the medical crew will be able to handle all medical problems you may have during the ride. We want the ride to be meaningful and medically uneventful for you.

Please return your completed medical form as quickly as possible, and no later than **December 1, 2009** to the address on the medical form. Send **only** your medical form, as anything else may not be forwarded in a timely manner. Some of you may be required to undergo a short evaluation on Thursday, January 7th prior to the ride. Please cooperate with us if we ask you to see the medical staff on registration day, it could prevent complications and it will ensure that you have a wonderful and safe experience.

Sincerely,

Marah J. Lee, DO, FACP
Medical Director, Southern Most AIDS/HIV Ride 5

***Important: Please check with your primary care physician to be sure you have an up to date tetanus shot.**



Rider/Crew Number: _____

Confidential Emergency Medical Information

In order to Ride or Crew, **mail this form no later than December 1, 2009** to:

The SMART Ride 2008
c/o Dr. Marah Lee
5353 N. Federal Hwy. Suite 301
Ft. Lauderdale, FL 33308

Last Name: _____ First Name: _____ Date of Birth: _____ M__F__

Home Phone: _____ Cell Phone: _____ Address: _____

List Medications: (attach separate sheet if necessary)

Allergies: (foods, environmental, medicine) _____ Do any meds need refrigeration?: Yes ___ No ___ (please * med if yes)

List Significant Medical History: (attach separate sheet if necessary)

When was your last tetanus shot? _____

Do you have any of the following: Diabetes ___ Epilepsy ___ Bleeding/Clotting Disorder ___ Asthma ___ Heart Disease ___ HIV/AIDS ___

This is totally confidential, seen only by the Medical Director.

T-cell Count _____

Viral Load _____

Emergency Contact:

Primary Care Physician(s):

Is there anyone on the Ride who we can contact in case of emergency?

Name: _____

Name: _____

Yes ___ No ___

Relationship: _____

Phone number: _____

If yes: Rider/Crew #: _____

Phone number (DAY): _____

Name: _____

Name: _____

Phone number (NIGHT): _____

Phone Number: _____

Cell Phone # if known: _____

Insurance Information:

Please list any special medical needs you may have while on the Ride: (attach separate sheet if necessary)

Company: _____

Group #: _____

Policy #: _____

I hereby release the above information to the SMART Ride Medical Director and any other medical personnel who may need to care for me on the Ride.

Signature: _____

Date: _____

3/2009 MJL