



Rider/Crew Number: _____

Confidential Emergency Medical Information

In order to Ride or Crew, **mail this form no later than October 15th, 2008** to:

The SMART Ride 2008
c/o Dr. Marah Lee
5353 North 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: _____

MJL