Paddle VIC Marathon

MEDICAL & EMERGENCY INFORMATION

Name	
Address	
Telephone	
Email	

Date of Birth		Medicare No.	
Private Health Insurance		Ambulance No.	

Emergency Contact	
Telephone	
Address	

ANY CURRENT MEDICAL PROBLEMS (please circle) Yes No

If Yes, please tick relevant condition and specify the treatment / medication

Tick	Condition	Treatment / Medication / Plan
☐	Heart disease	
☐	Asthma / Bronchitis etc	
☐	Diabetes	
☐	Epilepsy	
☐	Blood Disorder / Pressure	
☐	Kidney Disease	
☐	Allergies (specify)	
☐	Other (specify)	

Note: This information will be destroyed at the end of the event.