

MEDICAL AND EMERGENCY INFORMATION
2006 Optimist New England Championships
Mail to: Niantic Bay Yacht Club
PO Box 416 (Opti NE's)
Niantic, CT 06357

Please print legibly

Name of Participant: _____ SEX: (M) ____ (F)____

Address: _____

City: _____

State/Province / Zip / Postal Code / _____

Country: _____

Phones: (residence) _____ (business) _____

Mobile Phone: _____ Date of Birth: _____

Physician who conducted participant's Most Recent Physical Exam:

NAME: _____

EMERGENCY PHONE NUMBER: (_____) _____

DATE OF LAST EXAM: _____

HEALTH INSURANCE CARRIER _____ ID # _____

PLEASE answer the following questions as completely as possible.

Check those items that apply.

ASTHMA, OR OTHER RESPIRATORY PROBLEMS

BEE STINGS/INSECT BITES

CIRCULATORY OR HEART PROBLEMS

CHRONIC ALLERGIES (describe below)

DIABETES OR HYPOGLYCEMIA

EPILEPSY

ALLERGIES TO FOODS (describe below)

HEMOPHILIA, OR OTHER BLEEDING PROBLEMS

OTHERS, IF SIGNIFICANT (describe below)

MEDICATION (indicate below)

DETAILS / COMMENTS: (use reverse side of this form if necessary)

DATE OF LAST TETANUS SHOT: _____ BLOOD TYPE: _____

THIS FORM MUST BE COMPLETED AND SUBMITTED BY OR FOR ALL PARTICIPANTS

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NBYC Use Only:

Reviewed by: _____ Date Complete: _____