

Bay Area Rowing Club
Annual Medical Information Form

Patient Information:

*Full Name: _____ *Home Phone: (____) _____ - _____

*Home address: _____

Medical Information:

Height: _____ Weight: _____ Date of Birth: _____

*Clearly circle all conditions that apply:

- | | | | |
|-------------------------|--------------------|-------------------------|---------------|
| Pacemaker | Emphysema | Kidney Stones | Heart Murmurs |
| Palpitations/Arrhythmia | Chronic Bronchitis | Osteoporosis | Chest Pain |
| High Blood Pressure | Ulcers | Hyperthyroidism | Angina |
| Stroke | Seizures | Hypothyroidism | Heart Attack |
| Blood Clots | Migraines | Diabetes | |
| Aneurysm | Paralysis/Weakness | Indwelling Catheters or | |
| Asthma | Cancer | Pumps | |

Please List any current medications you are taking:

Current Medications	Dosage	Frequency

*Known Drug Allergies: _____

*Known Environmental Allergies (food, insects, vegetation): _____

*Medical or physical restrictions: _____

Medical procedures in the past 12 months: _____

Previous Surgeries: _____

Blood type (if known): _____

Any other relevant medical information: _____

Emergency Contact Information

*Name: _____ *Relationship: _____

*Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

*Emergency Contact Address: _____

Secondary Contact Name: _____ Relationship: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Primary Care Physician:

Dr. _____ Phone: (____) _____ - _____

Address: _____

Insurance Information:

Carrier: _____ Phone: (____) _____ - _____

ID#: _____ Group#: _____

Social Security Number: _____

Address: _____

Any Other information: _____

*Signed: _____ Date: _____

*All items with an asterisk are required! (there are 12 asterisks)

Instructions:

Please seal this completed form in a standard business sized envelope with "last name, first name" clearly written on the front of the envelope. List your primary emergency contact name and phone number legibly on the rear of the envelope.

In case of emergency, this unopened envelope will be handed to Emergency Personnel/First Responders. BARC has no interest in the information contained (beyond your emergency contact listed on the back of the envelope) and will not see the information. The sole purpose of the information is for improved emergency response should it be necessary.