

2015 La Paz Run Medical Questionnaire

When completed, place in an envelope and return to Health Education & Wellness/Youth Services by April 15, 2015. Information is needed should you need any medical attention on the run and to ensure you receive proper medical care. Runners must be American Indian. Run restricted to 18 years and older, unless minor 14-17 years of age is the son/daughter of an adult runner. **Throughout La Paz observances, runners are to remain abstinent, drug and alcohol free when participating in run and activities. No electronics while on the run, limit personal belongings that can fit in pockets.**

Runner Name: _____

Contact information should the La Paz committee need to contact you regarding the run.

Mailing Address: P.O. Box _____

Phone Number: _____ Email Address: _____

Circle one: Male Female Age: _____ Date of Birth: _____

Past Medical History: _____

Have you been diagnosed or have a history of any of the following (circle all that apply):

- | | | | |
|---------------------|---------------------|-----------|------------------|
| Asthma | Diabetes | Thyroid | Tuberculosis |
| HIV/AIDS | Hypo/Hyper Glycemia | Hepatitis | Heart Problems |
| Foot Problems | Liver Disease | Cancer | Seizure Disorder |
| High Blood Pressure | Low Blood Pressure | | |

What type(s) of medications do you take (prescription or over the counter), please include dosage(s):

Are you allergic to any medications? Yes No

Please list if you circled yes above: _____

List allergies: _____

Any other medical conditions not listed above that Peach Springs EMS need to be aware of:

Emergency Contact: Name: _____ Relation: _____
Phone Number: _____

I, _____, feel that I am in proper condition to participate in the La Paz run and I will not hold the La Paz committee or Hualapai Tribe liable for any accidents or injuries.

Signature Date T-Shirt Size

For participants 14-17 years of age - - - - -

I, _____, feel that my child named above, is in proper condition to participate in the La Paz run and I will not hold the La Paz committee or Hualapai Tribe liable for any accidents, injuries or deaths.

Signature Date T-Shirt Size