



## Medical Record

### Healthy survey for competitors in Madeira Island Ultra Trail UT 100, Trail 55 and Trail 25.

First and last name:

(same as in entry list)

Emergency phone number:

Weight (kg):

Height (cm):

Heart rate at rest:

(beats per minut)

Blood group and factor:

Date of last medical control:

Have you done sports evaluation (Yes/No):

### Antecedents of Diabetes, Arrhythmia, Hypertension, Anemia, Anxiety, Syncope

#### Chronic Illness:

Suffer from any allergy?

Sever lesion?

Chronicle lesion?

Surgical Intervention?

Do you take any medication?

If Yes which?

#### Mark with an (X) any problems you suffer or had suffered:

Heat exhaustion

Commotion

Blood vomit

Chest pain

Painful micturition

Feces with blood

Convulsions

Backache

Heat stroke

Dizziness

Constipation

Blood in urine

Menstrual Problems

Articulate pain

Cephalea

Fainting

Cough or forced respiration

Stomachache

Diarrhea

Hernia

Others (which):

When was the last competition you took part and how long has it been?

Name of Event:

Distance:

Date:

In \_\_\_\_\_, on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) of 2011

Signature (same as identity card)