

Personal Medical form

(Completely fill in together with your general practitioner or sports physician)

Name: ………………………………………………………………………………………………

First name: ……………………………………………………………………………………………

Date of birth:…………………………………………………………………………………….

Contact person 1: (bvb. wife, parents, children…. name + mobile nr.)

………………………………………………………………………………………….

Contact person 2: (name + mobile nr.) …………………………………………………………………

Doctor: (name & mobile nr.) ………………………………………………………………………………..

Sports doctor :………………………………………………………………………………………………

1. **Medical history**

1.1. Have you already suffered from (or do you suffer from) the following disorders/illnesses?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **disorder** | **Yes/no** | **Period** | **specify** | **treatment** |
|  |  |  |  |  |
| High blood pressure |  |  |  |  |
| Diabetes |  |  |  |  |
| Lung disease |  |  |  |  |
| Heart disaese |  |  |  |  |
| Liver disease |  |  |  |  |
| Kidney disease   hearing or vision disorder |  |  |  |  |
| Epilepsy |  |  |  |  |
| others |  |  |  |  |

**1.2. Surgical procedures**

Have you already undergone major surgical procedures? Yes No

If “yes”, specify, dates

……………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………..

1. **Allergies:**

Are you allergic to (if yes, please specify):

* + - Medication: ………………………………………………………………………..
    - nutrition: …………………………………………………………………………..
    - Others: …………………………………………………………………………….

1. **Varia:**

Are you currently taking any medication? (also mention pill use) Yes / No

If “Yes”, please specify: ………………………………

Are you pregnant? yes / No

If “Yes”, please specify ……………………………………………………………..

Do you smoke? yes / No

If “Yes”, please specify how much………………………………………………

How do you estimate your physical condition? (score from 1 to 10) …………………………

**4. Clinical research:**

Blood pressure, weight, heart and lung auscultation, resting pulse and other relevant clinical findings.

..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**5.** Statement from the general practitioner or sports doctor**:**

The undersigned, doctor of medicine, declares, after having taken cognizance of all relevant information by the participant-involved with regard to his participation in the RocDuMaroc 2022, that the participant-involved ……………………………………………………... (name and first name) is found to be medically fit to participate in the mountain bike event: RocDuMaroc 2022.

The Participant-involved therefore expressly releases the Organization and its appointee from any contractual and extra-contractual liability as a result of accidents or medical problems that can be associated with the medical certificate signed and stamped by his doctor.

Dr. ………………………………….

………………………………………………………………………….. ( signature )

……………………………………………………………………………(place & date)