

# 2024 NorCal AIDS Cycle Medical Information Form

Please complete this form and bring it and a copy of your medical insurance card

**PERSONAL INFORMATION**

<b>Last Name</b>	<b>First Name, M.I</b>	<b>Date of Birth</b>	<b>Gender</b>
<b>Street Address</b>		<b>City / State / Zip</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	
<b>Insurance Provider</b>	<b>Provider Ph#</b>	<b>Group No.</b>	<b>Subscriber No.</b>
<b>Primary Care Physician (PCP)</b>		<b>PCP Phone #</b>	
<b>Emergency Contact</b>	<b>Relationship</b>	<b>Emergency Contact Phone</b>	

**MEDICAL HISTORY**

Have you ever been diagnosed with any of the following?

YES	NO	YES	NO	YES	NO
	<b>Cardiac Disease</b>		<b>Seizures/Epilepsy</b>		<b>Thyroid Disease</b>
	<b>Chest Pain</b>		<b>Arthritis</b>		<b>Gastro-Intestinal</b>
	<b>High Blood Pressure</b>		<b>Orthopedic Injury</b>		<b>Vision/Hearing</b>
	<b>Food Allergy</b>		<b>Diabetes</b>		<b>HIV Disease</b>
	<b>Shortness of Breath</b>		<b>Kidney Disease</b>		<b>Depression/Anxiety</b>
	<b>Respiratory/Lung Disease</b>		<b>Surgery in the last 6 months</b>		<b>Dehydration/Heat Exhaustion</b>
	<b>Cancer/Transplant</b>		<b>Immunosuppression</b>		

If you checked "YES" to any of the above, please provide further details. Also, if you have a medical problem not listed above, please provide additional information below.

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Please list on the back of this form all medications and dosages that you take on a regular basis. Include over the-counter medicines and/or nutritional supplements.

**Please identify medications that will require refrigeration during the ride**

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I understand I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this Event. **I understand that I must provide proof of insurance in order to participate** and agree that I will provide accurate proof of health insurance in effect during participation. I understand that my health information will be protected and that access to my health information and this medical form will be restricted to the NorCal AIDS Cycle. Information will not be released to any party without my permission.

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<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE SIGNED</b>
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