



LIFEWALK

Walk a 100 Miles.... in 4 days

MEDICAL FITNESS & HEALTH QUESTIONNAIRE

Today's date: _____

Name and surname: *(exactly as shown on passport)* _____ Blood Type _____

Gender: _____ Date of birth: _____

Emergency Details

Contact name: _____ Telephone No: _____

Relationship to you: _____

Address: _____

Family doctor: _____ Telephone number: _____

Address: _____

Do you have any ongoing/chronic medical illness? *(e.g. diabetes, heart condition, etc)* If yes, please explain.

Have you ever been hospitalised overnight? If yes, please explain.

Have you ever had surgery? If yes, please explain.

Has a physician ever denied or restricted your physical participation? If yes, please explain.

Are you regularly taking any medication (prescription or non-prescription, using an inhaler)? If yes, please explain.

Have you ever taken vitamins or supplements to help gain or lose weight or to aid performance? If yes, please list them.

7. Do you have any allergies (medicines, bees, pollen, etc.)? If yes, please list them and the nature of the allergic reaction.

8. Do you have any food intolerances/allergies (gluten, lactose, nuts, etc.)? If yes, please list them.

9. Have you ever had chest pain during or after exercise? If yes, please explain.

10. Have you ever been told you have a heart murmur? If yes, please explain.

11. Have you ever felt dizzy, light-headed or passed out during or after exercise? If yes, please explain.

12. Have you ever been diagnosed with high blood pressure?

13. Have you ever had your blood cholesterol checked? If so, were the results normal or elevated?

14. Have you ever had an electrocardiogram (ECG), echocardiogram (sound wave test of the heart), or been examined by a heart specialist? If yes, please explain.

15. Have you ever had severe or repeated racing of your heart or skipped heartbeats? If yes, please explain.

16. Has anyone in your family less than 50 years old died of heart problems or sudden causes, been treated for recurrent fainting, unexplained seizures, irregular heartbeat, undergone heart surgery, transplantation or insertion of a pacemaker?

17. Do you have trouble breathing, cough, wheezing or chest tightness during or after exercise? If yes, please explain.

18. Do you suffer from asthma? If yes, how often do you need to use inhaled medication to control it?

19. Have you ever had a head injury or concussion? If yes, how many total concussions have you had? Please detail the nature and severity of your concussions.

20. Have you ever been "knocked out", lost consciousness or suffered from memory loss? If yes, please explain.

21. Have you ever had a seizure? If yes, please explain.

22. Do you suffer from frequent or severe headaches? If yes, please explain.

23. Have you ever had a broken bone (fracture) or other significant injury to a bone or joint (ACL tear, meniscal tear, etc.)? If yes, please explain.

24. Have you ever had a "stinger", "burner" or pinched nerve? If yes, please explain.

25. Have you ever had X-rays, MRI, CT scans or any other diagnostic imaging tests? If yes, please explain.

26. Do you use any special equipment (supports, braces, insoles, eye guards, etc)? If yes, please explain.

27. Have you ever become ill or passed out in the heat or had trouble with muscle cramps? If yes, please explain.

28. Have you ever developed a rash or hives during or after exercise? If yes, please explain.

31. Have you had a recent severe viral illness or any kind? If yes, please explain.

32. Have you ever had serious concerns about your eating habits or been diagnosed with an eating disorder? If yes, please explain.

33. Do you want to weigh more or less than you do? If yes, please explain.

29. Have you ever had any skin problems (acne, warts, herpes, etc)? If yes, please explain.

30. Have you ever had any infectious mononucleosis (glandular fever or EBV)? If yes, please explain.

35. Have you had a full course of Hepatitis B vaccine?

Please read the following and sign accordingly.

I hereby state that to the best of my knowledge, the answers to the above medical questions are correct and accurate. I grant permission to the LifeCycle medical staff to contact my family physician to discuss my past medical conditions and care.

I am aware that the **Life Walk Challenge** is an event of extreme sports and requires considerable endurance. For this reason I consent to the LifeCycle medical team to assess, treat and rehabilitate any injury that I may suffer throughout my participation in the **Life Walk Challenge 2021**, including both the training programme and the event itself. I acknowledge that the LifeCycle medical team may refer me as they deem necessary and fit to the appropriate medical personnel, to a hospital, or to any other medical facility for treatment of any injury or illness that I may suffer during my participation in the **Life Walk Challenge** event. Any failure to abide by the LifeCycle medical team's referral and/or recommendation will be solely my responsibility.

Due to the nature of the physical strain, falls and/or accidents that may be part of this sporting event, I understand that the risks include, but are not limited to, death, serious head, neck and spinal injuries, paralysis, injury or impairment to the musculoskeletal system or other areas of the body, general health and well-being. I hereby knowingly assume responsibility for any and all such risks and any and all resulting injuries, disease, illness or damage to my person arising from my participation in the **Life Walk Challenge** and release and discharge the LifeCycle Organisation from any action, claims, or demands for damages which I may suffer as a result of my participation in this sporting event.

Signature of participant: _____ Date _____

Signature of parent or guardian (if participant is under 18) _____

Disclaimer

All data collected will be compiled and administered solely by the LifeCycle Organisation. The purpose of this data collection is merely to assist the Organisation to provide a quality service as described. The data collected will not be disclosed to third parties. Participants have a right to access and correct their personal information and will have the facility to do this through both online and manual means. Please contact us on (+356) 21383837 should the need arise.

