



# Confidential Emergency Medical Information

Welcome to an important phase in preparation for SMART Ride 8, completing the medical form. As Medical Director, I encourage you to put in as much time and consideration when completing this form as you will for your preparation for the event. Please be honest in listing your medical history, and be assured that only a Medical Physician will be privy to your entries. Your information is strictly confidential, and will only be shared with other medical personnel if absolutely necessary. Knowing your information in advance of the event, helps me to prepare the medical crew to be able to handle all medical problems that may arise during the ride. It is our goal to provide a SAFE, meaningful and medically uneventful weekend.

Even though you are sending us this medical information ahead of time, during Registration Day on Thursday 11/17/2011 we ask that all participants stop by the medical table to ensure that we have all your information. Please cooperate with us if we ask you to see the medical staff during that time, it could prevent complications and ensure that you will have a safe and wonderful event.

You may return this form by faxing to 954-772-9662 or by e-mailing a saved version of this form to drleefl@yahoo.com or mail to:

The SMART Ride  
c/o Dr. Marah Lee  
5353 N. Federal Highway, Suite 301  
Fort Lauderdale, FL 33308

Marah J. Lee, DO, FACP, Medical Director Southern Most AIDS/HIV Ride Twenty-Eleven  
954-772-8554

## 1. Personal Information:

Participating as:  Participant #  Date of Birth

First Name  Last Name  Gender

Address  Unit #

City  State  Zip Code

Home Phone  Cell Phone  Email

## 2. Medications:

Please list your current Medications NOT requiring refrigeration.

Please list your current Medications requiring refrigeration.

## 3. Allergies

Please list any Allergies you may have: (food/medicine/environment)

## 4. Medical History:

When was your last tetanus shot?

Please get a booster from your primary care provider prior to the ride. (Tetanus boosters are effective for 10 years.)

Do you have any of the following (check boxes that apply)?

- Diabetes
- Epilepsy
- Bleeding/Clotting Disorder
- Asthma
- Heart Disease
- Hypertension
- HIV/AIDS T-Cell Count  Viral Load

Please list any special medical needs you may have while on the ride or medical conditions that the doctor needs to know about:

## 5. Contact Information:

Emergency Contact  Primary Care Physician#1  Someone on ride to contact in emergency?

Relationship  Phone  If yes: Rider/Crew#

Day Phone  Primary Care Physician#2  Name:

Evening Phone  Phone  Cell phone #:

Insurance Company:  Insurance Group#  Insurance Policy#

I hereby release the above information to the SMART Ride Medical Director and any other medical personnel who may need to care for me on the Ride:

Name  Date