



**Confidential**

**Rowing PEI Medical, Wellness and Emergency Information Form (2021)**

**ROWER'S INFORMATION:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Birth date: day: \_\_\_\_ month: \_\_\_\_ year: \_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)

Family doctor's name and telephone number:

\_\_\_\_\_

PEI health card number: \_\_\_\_\_

**Medical considerations:**

**Dietary Info:**

Vegetarian Vegan Lactose Intolerant Gluten Free Other: \_\_\_\_\_

Food allergy or sensitivity: \_\_\_\_\_ Life Threatening? Yes No \_\_\_\_\_

Drug allergy or sensitivity: \_\_\_\_\_ Life Threatening? Yes No \_\_\_\_\_

Other history of allergies or health sensitivities:

\_\_\_Asthma            Life Threatening? \_\_\_Yes \_\_\_No

\_\_\_Diabetes        Life Threatening? \_\_\_Yes \_\_\_No

\_\_\_Epilepsy / Seizures        Life Threatening? \_\_\_Yes \_\_\_No

\_\_\_Heart condition            Life Threatening? \_\_\_Yes \_\_\_No

\_\_\_Back or other joint problems        Life Threatening? \_\_\_Yes \_\_\_No

\_\_\_Rash/skin conditions        Life Threatening? \_\_\_Yes \_\_\_No

\_\_\_Recent illness or surgery        Life Threatening? \_\_\_Yes \_\_\_No

Any other condition we need to know about for your safety on the water:

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**Can you swim** at least 50 metres and **tread water** for at least 1 minute? Indicate YES, or tell us what your swimming ability is, or if you have any concerns about the water.

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Have you ever had a concussion? \_\_\_\_\_

If yes, please describe what precautions you may need to take on the dock if applicable:

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Additional Health Information (e.g. current medications, injuries):

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Signature of Rower / OR Rower's Parent or Guardian if under the age of 18

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Date: \_\_\_\_\_