



Fuller Center Bicycle Adventure
www.fullercenterbikeadventure.org



Optional Medical Worksheet

The following worksheet may be helpful as you and/or your physician evaluate whether you are physically and medically able to participate in the Fuller Center Bicycle Adventure.

If you bring it along or send in a copy, we will carry it with us throughout the trip should you need it.

7C. Medications & Allergies

Please check YES or NO for the following:

- | | | YES | NO |
|----------------------------------------------------------|----|--------------------------|--------------------------|
| 1. Are you currently taking any prescription drugs? | 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently taking any non-prescription drugs? | 2. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you allergic to any medication? | 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you allergic to any insect sting, food, or plant? | 4. | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any 'Yes' answers: _____

7D. Medical History

Please Check YES or NO for the following:

- | | | YES | NO |
|--------------------------------------------------------------------------|-----|--------------------------|--------------------------|
| 1. Have you been hospitalized in the last five years? | 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had any surgery in the last five years? | 2. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had cardiac problems? | 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you currently or have you ever had an eating disorder? | 4. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had blood sugar problems or diabetes? | 5. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had a head injury in the last five years? | 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had problems with vision or hearing? | 7. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you currently suffering from any infectious disease? | 8. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had a psychiatric or mental illness? | 9. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had a seizure or suffered from epilepsy? | 10. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had asthma or respiratory problems? | 11. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you use an inhaler for asthma? | 12. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had high blood pressure? | 13. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had chest pain during exercise? | 14. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever suffered from heat exhaustion? | 15. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you cough or breathe heavily during activity? | 16. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been dizzy or passed out during exercise? | 17. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any breaks, sprains, or dislocations in the last 5 yrs? | 18. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you use orthotics, prosthetics, or braces? | 19. | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any 'Yes' answers, or any other medical problems you have: _____

7E. Medications & Allergies

Indicate the date and update if necessary your most recent immunization for:

- | | | | |
|----------------|-------|----------------|-------|
| 1. Tetanus | _____ | 4. Hepatitis B | _____ |
| 2. PPD | _____ | 5. Meningitis | _____ |
| 3. Hepatitis A | _____ | | |

7F. Physical Examination (to be completed by examining physician)

To the examining physician: The Fuller Center Bicycle Adventure is a 9 week long, marathon long-distance cycling trip. During the course of the event, the participant will average 75 miles of cycling per day over a wide variety of terrain. This entails hours of moderate to strenuous activity per day, often in remote locations. Please give special attention to conditions that could be exacerbated by such strain.

Height: _____ ft, _____ in. Weight: _____ Blood Pressure: _____ Pulse: _____

Vision: R-20/____ L-20/____ Both-20/____ Corrected: Yes / No

	Normal	Abnormal	Comments
ENT	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Muscular-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Joints	<input type="checkbox"/>	<input type="checkbox"/>	
Dental	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	