

**Menchaca Running Camp (M.R.C.)  
Runner's Health Record**

Runner's Name Print: \_\_\_\_\_

Circle one for each of the following.

Chronic or recurrent illness (diabetes, asthma, etc) Y / N

Please list: \_\_\_\_\_

Problem with blood pressure or heart Y / N

Seizures, dizziness, fainting, convulsions, frequent headaches Y / N

Ever had concussion or knocked out Y / N

Wear eyeglasses or contact lenses Y / N \_\_\_\_\_

Allergic to any medication(s) Y / N Please list: \_\_\_\_\_

Allergic to any foods Y / N Please list: \_\_\_\_\_

Any other allergies Y / N Please list: \_\_\_\_\_

History of collapsed lung, tuberculosis, enlarged spleen, or liver Y / N (if yes date) \_\_\_\_\_

Last tetanus shot: \_\_\_\_\_

Past injuries and year: \_\_\_\_\_

Pediatrician Name Print: \_\_\_\_\_

Pediatrician phone number \_\_\_\_\_

Runner's Signature: \_\_\_\_\_

Parent /Guardian Print Name: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_

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