North of Scotland LDWA, 2026

LoM30/50 Medical Form

Participant Number:

Every participant MUST complete this form and hand it in registration. The form will be held in a sealed envelope by our first aid coordinators for the duration of the event and will be destroyed by the event coordinator at the end of the event if there has been no medical emergency.

Participants are advised to remove rings from fingers before the start of the event in case of swelling during the 24 hours.

Personal Details

Forename		Surname	
Date of Birth			

Emergency Contact Details

Name	
Phone Number	
Relationship to participant	

Medical Details

Do you take any medication? If YES, please list drugs and dosage	
Do you have any drug allergies or allergic reactions? if YES, please provide details	

Medical History

Do you have any previous history of the following conditions?			
Heart Problems	YES / NO	Irregular Heart Beat	YES / NO
Asthma	YES / NO	Diabetes	YES / NO
Epilepsy	YES / NO	Collapse during exercise	YES / NO
Low sodium levels	YES / NO	High blood pressure	YES / NO
Susceptible to heat-stroke	YES / NO	Kidney Problems	YES / NO

THE CONTENTS OF THIS FORM WILL NOT BE SHARED WITH ANYONE OTHER THAN MEDICAL STAFF IN THE EVENT OF AN EMERGENCY.

IF YOU HAVE ANY CONCERNS ABOUT YOUR HEALTH AND ABILITY TO COMPLETE THE EVENT SAFELY, PLEASE TALK WITH YOUR GP AHEAD OF THE EVENT, OR WITH OUR MEDICAL TEAM AT REGISTRATION.