

**TYNE AND WEAR FIRE AND RESCUE SERVICE TRIATHLON 2008  
MEDICAL FORM**

**Name:**

**Competitor Number:**

**Start Time:**

**Sex: M/F**

**Age:**

**Do you suffer from any medical conditions, or have you in the last six months been to your Doctors/Hospital for treatment:**

**Are you currently taken any medication that we should be aware of:**

**This form is for use of our medical team whilst you are competing in the Triathlon, the information on here will not be passed on and the form will be destroyed once the event is over.**

**I declare that to the best of my knowledge, the information I have provided above is true.**

**Signature:**

**Date:**