



2011 Transpac Yacht Race CREW MEDICAL PROFILE

VESSEL: _____
SAT Phone # _____
Sail # _____

NAME _____ AGE _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HEIGHT _____ WEIGHT _____ SEX _____ ALLERGIES _____
ALLERGIC TO DRUGS OR MEDICATION? _____ PENICILLIN? _____
CURRENT MEDICATIONS _____

FOR WHAT SYMPTOMS? _____
BRIEF HISTORY OF MEDICAL PROBLEMS _____

PHYSICIAN'S NAME _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMMENTS: _____

IN CASE OF EMERGENCY CONTACT:

1. NAME _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
2. NAME _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
3. NAME _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

**IF I AM TAKING MEDICATION AT THE TIME OF THE RACE, I WILL HAVE A PROPERLY
LABELED SUPPLY ADEQUATE FOR **DOUBLE** THE LENGTH OF THE VOYAGE.**

SIGNATURE DATE

It is suggested that a copy of this profile be given to each one of your emergency contacts.

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NOTE: If you have a medical emergency that you can't handle aboard contact:
St. Mary Medical Center At Dept of Emergency (Phone 562 491-9090)