

2013 Transpac Yacht Race CREW MEDICAL PROFILE

Date: _____

Time: _____

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: _____

**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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Long Beach, California

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