



MEDICAL, FITNESS AND EMERGENCY INFORMATION

Name **Maria Gruber** _____

Cell Phone (914) **260-1341** _____

MEDICAL INFORMATION

Condition(s), if any, requiring medications: **Hypothyroidism, amenia** _____

List of current medications: _____ **Levothyroxine, feosol** _____

Allergies (food, medications, etc.):
None _____

Do you have any condition(s) that might affect your health and safety while participating in your endurance event?
No _____

EMERGENCY INFORMATION

In case of emergency, please notify **Christopher Gruber** _____ Relationship **Brother** _____

Emergency contact phone _____ Home _____ Work _____ Cell (914) **815-2730**