

MEDICAL, FITNESS AND EMERGENCY INFORMATION

| Name Maria Gruber | | | |
|---------------------------------------------|--------------------------------|--------------------|-------------------------------|
| Cell Phone (914) 260-1341 | | | |
| MEDICAL INFORMATION | | | O |
| Condition(s), if any, requiring medicamenia | | | Y |
| | | | |
| List of current medications:Le feosol_ | vothyroxine, | | |
| | | | |
| Allergies (food, medications, etc.): _None | | | |
| | | | |
| Do you have any condition(s) that migh | nt affect your health and safe | tv while participa | ting in your endurance event? |
| _No | | -5 FF- | |
| | | | |
| EMERGENCY INFORMATION | 1 | | |
| In case of emergency, please notify C | hristopher Gruber | Relatio | nship Brother |
| Emergency contact phone Ho | me | Work | Cell (914) 815-2730 |