



June 7-8, 2019

Hickory, NC

INDIVIDUAL PARTICIPANT INFORMATION

****Medical information will be secured by WHG Staff and will only be used in case of participant emergency. All records will be destroyed upon completion of the 2019 World Heart Games.****

Please Mail or Email Completed Form to:

Tiffany McCall

15226 Aullcin Court

Charlotte, NC 28278

tiffany.mccall@atriumhealth.org

NAME: _____

TEAM NAME: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

PHYSICIAN NAME: _____

PHYSICIAN PHONE NUMBER: _____

EMERGENCY CONTACT NAME AND NUMBER (1):

EMERGENCY CONTACT NAME AND NUMBER (2):

ANY IMPLANTED DEVICES (PACEMAKERS, AICD, INSULIN PUMPS, ETC.):

CURRENT MEDICATIONS AND DOSAGES:

ANY ALLERGIES TO MEDICATIONS OR BEE STINGS:
