

2005 "SAMPLE" MEDICAL RECORD – CONFIDENTIAL Marathon / 10 Mile / 5K **Location:** Medical Tent / Aid Station Mile _____

Race # _____ Name _____ Age _____ Gender M / F **Arrival time** _____
Pre-Event injury/illness: Y / N Describe _____ # Previous Marathons _____ **Finish time:** _____ / DNF
Best Time _____

Medical History: _____

Symptoms: Exhaustion Fatigue Lightheaded Hot Cold **Mobility:** Independent With assistance Wheelchair
Mental Status: Alert Confused Unresponsive **Neuro symptoms:** Headache Syncope Weak **Orientation:** Person Place Time
Cardiac symptoms: Chest pain Tachycardia Palpitations **Resp symptoms:** SOB Wheeze Cough **Skin:** Hot Cold Sweaty Dry
GI status: Nausea Vomiting Diarrhea Stomach cramps **Muscle cramps:** Y / N Location: Calf Thigh Abdomen Back
Other: _____

Skin, Bones, & Joints

Complaint: Pain Blister Abrasion Bleeding Swelling Other _____ **Tissue:** Skin Muscle Tendon Ligament Bone
Location: Toe R/L Foot R/L Ankle R/L Calf R/L Knee R/L Thigh R/L Hip R/L Back R/L (upper/lower)
Other: _____

Time	Temp (rectal)	BP	Pulse (r/ir)	Glucose check	Meds/Rx/Additional labs

Lab: O₂ Sat (ra) _____ % Na⁺ _____ K⁺ _____ Hct _____ BUN _____

Treatment: _____ **Treatment Refused** _____

Leg elevation _____

PO Fluids: _____ **IV Fluids:** **IV #1** 1L D₅NS _____ **IV #2** 1L D₅NS or NS _____ **IV #3** 1L D₅NS or NS _____

D₅₀W: #1 _____ #2 _____ time time time

Musculoskeletal: Ice pack / Compression / Stretching / Massage / Phys Rx / Other _____

Skin: Prep / Lance / Bacitracin / Dressing _____

Discharge status: Home / ER transfer (ER Follow-up: Admit/Home) _____

D/C instruction sheet: Blister / Fluids _____

Diagnosis: Blister Abrasion Sprain Tendinitis Strain Fracture (suspected)
 EAC: Hyperthermic:Normothermic:Hypothermic - mild / mod / severe
 Exercise Associated Muscle Cramps
 Other _____

Notes: (Continue on opposite side) _____

Signature: _____ **MD / DO/ DPM / RN / EMT / ATC** 8Wm Roberts MD

Discharge time _____

