LA VUELTA A BARÇA / WE MOVE AS ONE // 2026 EDITION

HEALTH DECLARATION - IN CONFIDENCE

MEDICAL DECLARATION FORM

For all riders and support team members taking part in La Vuelta a Barca 2026.

All	05 Aug	Private
RIDERS AND SUPPORT CREW	RETURN DEADLINE	MEDICAL INFORMATION

Complete this form and return it to **wemoveasonecycling@gmail.com** no later than **5 August 2026**.

01 IMPORTANT INFORMATION

Why this form is required and how the information will be used

It is essential that We Move As One Ltd have access to accurate and up-to-date medical information for every participant on the Tour. This ensures that, in the event of an accident or medical emergency, appropriate care can be provided without delay. This requirement applies to all riders and support team members.

All participants must complete this form and return it to: wemoveasonecycling@gmail.com no later than **5 August 2026**.

02 CONFIDENTIALITY AND DATA HANDLING

Access is restricted and forms will only be used where needed

All information provided will be kept strictly confidential and handled in accordance with the We Move As One Ltd Privacy Policy. Access to this information will be restricted to:

- We Move As One Ltd
- The La Vuelta a Barca Support Team
- Medical professionals or practitioners where necessary, including ambulance or hospital staff

02 DATA HANDLING CONTINUED

Insurance disclosure, secure storage, and non-disclosure risk

Information may also be shared with the insurance provider for the La Vuelta a Barca 2026 event. Insurers may require disclosure of:

- Medication taken daily
- Any operations relating to cancer, cardiac conditions, or limb injuries
- Pre-existing medical conditions
- Details of an accident, should one take place during La Vuelta a Barca

Duplicate copies of each form will be stored securely in support vehicles across all pelotons, as riders may move between groups. Forms will only be accessed in the event of a medical need. All forms will be securely shredded after the Tour.

> **Important:** Failure to disclose relevant medical information may result in inappropriate treatment during an emergency and may invalidate medical insurance coverage. Neither We Move As One Ltd nor its agents, representatives, or support team members will be liable for any costs or consequences arising from non-disclosure.

03 PERSONAL INFORMATION

Complete clearly in block capitals where possible

Forename(s) _____ **Surname** _____

Title _____ **Date of birth** _____

Address _____

Post code _____ **Telephone number** _____

Email _____

Blood group, if known _____

04 EMERGENCY CONTACT

Provide the person we should contact first in an emergency

Name _____ **Relationship to you** _____

Address _____

Post code _____ **Telephone number** _____

Email _____

05 MEDICAL INFORMATION

Answer all questions and provide details where requested

Do you have any current mental or physical health conditions? ☐ Yes ☐ No

If yes, please provide details:

Have you experienced any major illness or undergone operative treatment in the last 5 years? ☐ Yes ☐ No
Particularly relevant: cancer, cardiac conditions, limb injuries.

If yes, please provide details:

Do you have any pre-existing medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please provide details:

Please list all prescribed medications you currently take on a regular basis:

If you do not take any prescribed medication regularly, type **None**.

06

MEDICAL HISTORY

Indicate whether you have ever consulted a doctor regarding any of the following

Heart disease / high blood pressure	☐ Yes	☐ No	Bronchitis, asthma, or chest problems	☐ Yes	☐ No
Blackouts, seizures, or epilepsy	☐ Yes	☐ No	Severe headaches or migraines requiring medication	☐ Yes	☐ No
Back, neck, or joint problems	☐ Yes	☐ No	Rupture or hernia	☐ Yes	☐ No
Indigestion or peptic ulcer	☐ Yes	☐ No	Diabetes	☐ Yes	☐ No
Hearing problems	☐ Yes	☐ No	Allergies, including whether you carry an Epipen or similar	☐ Yes	☐ No
Immunisations: Hepatitis B, Tetanus, BCG/Tuberculosis	☐ Yes	☐ No	Any other medical conditions or relevant information not disclosed above	☐ Yes	☐ No

If you answered Yes to any of the above, please provide details and dates:

07 GP / MEDICAL PRACTITIONER DETAILS

Provide your regular medical practice details where available

GP / medical practice name _____

Address _____

Telephone number _____ **Email, if available** _____

08 CONSENT AND FITNESS

Read each statement and sign where indicated

CONSENT TO SHARE MEDICAL INFORMATION IN EMERGENCIES

I consent to the sharing of my medical information with medical professionals, emergency responders, and relevant event personnel if required for my safety or treatment during the event.

Signature _____

Your typed name is styled as a signature in the downloaded PDF.

Date 27/07/2026

FITNESS TO PARTICIPATE STATEMENT

I confirm that, to the best of my knowledge, I am physically and mentally fit to participate in an endurance cycling event and understand the physical demands involved.

Signature _____

Your typed name is styled as a signature in the downloaded PDF.

Date 27/07/2026

09

MEDICATION NOTES

Special storage or emergency administration instructions

If you carry medication requiring special storage or emergency administration, for example insulin, inhalers, or an Epipen, please provide details:

Medication _____

Storage requirements _____

Emergency instructions _____

10 DECLARATION

Sign and date this page before returning the form

I declare that the information provided in this form is complete and accurate. I understand that:

- I cannot hold We Move As One Ltd, the event organisers, support team members, or other participants liable for any illness or injury resulting from my failure to disclose relevant medical information.
- I cannot hold the above parties liable for any illness or injury sustained during the "La Vuelta a Barca" event that arises from my own actions or inactions.
- I must inform the event organisers of any changes to my health status, whether temporary or permanent, prior to or during the event.

Before returning: check every section is complete, all Yes answers have details and dates where relevant, and all signature fields are signed and dated.

Print name _____

Signature _____

Your typed name is styled as a signature in the downloaded PDF.

Date 27/07/2026