

SAAC -47 DRIVER'S MEDICAL INFORMATION

DRIVER NAME _____ AGE _____ DOB _____

ADDRESS _____ RELIGION _____

PHONE # _____ PHYSICIAN _____ PHONE # _____

BLOOD TYPE _____ DATE OF LAST TETANUS SHOT _____

CURRENT MEDICATIONS _____

ALLERGIES / SPECIAL CONDITIONS _____

ILLNESS OR INJURY IN PAST 12 MONTHS? _____

CIRCLE ANY THAT APPLY TO YOUR HEALTH:

HYPERTENSION YES NO
CARDIAC YES NO
HEMOPHILIAC YES NO
ASTHMATIC YES NO
COPD YES NO
EPILEPTIC YES NO
PARAPLEGIA YES NO

DIABETES YES NO
SEIZURES YES NO
DENTURES YES NO
CONTACTS YES NO
PREGNANT YES NO
I.U.D. YES NO
OTHER (PLEASE EXPLAIN)

CAR YEAR _____ MAKE/MODEL _____

COLOR _____ LICENSE/STATE _____ CAR # _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

_____ AT TRACK: YES NO

ALTERNATE CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

_____ AT TRACK: YES NO

NOTE: IN THE EVENT OF AN ACCIDENT ALL DRIVERS MUST BRING THEIR HELMET WITH THEM TO RACE MEDICAL

DRIVER: COMPLETE THIS FORM AND SEND TO REGISTRATION