



CONFIDENTIAL DRIVER MEDICAL

IN ORDER TO RACE THIS FORM MUST BE COMPLETED BY EACH DRIVERS

Driver's Name _____ License # _____ Age: _____
In Emergency Notify: _____ Phone # _____ Alternate # _____
Is this person at the track?: yes ___ no ___
Person at Track to Notify: _____
Current Medications: _____ Blood type: _____
Drug Allergies: _____
Special Conditions: _____
Illnesses/Injuries in Past 12 months: _____
Personal Physician: _____ Phone: _____
Answer YES or NO: contact lenses ___ dentures: ___ asthmatic ___ diabetic: ___ epileptic: ___ hemophiliac: ___
OTHER: _____

TIMING AND SCORING INFORMATION MUST BE COMPLETED BY DRIVER

DRIVER NAME: _____
CAR MODEL AND YEAR _____ COLOR: _____ CLASS: _____
CAR # _____ CLUB RACING LICENSE # _____
IS THERE ANOTHER DRIVER FOR THIS CAR? YES _____ NO _____
IF ANSWER IS YES, NAME PRIMARY DRIVER: _____
NAME OTHER DRIVER(S): _____

NOTE: EVERY DRIVER MUST SUBMIT AN ENTRY FORM & MEDICAL INFORMATION FORM