



CONFIDENTIAL DRIVER MEDICAL INFORMATION

**PERFORMANCE DRIVING
EVENTS**

**THIS FORM MUST BE COMPLETED BY ALL DRIVERS
AND TURNED IN AT REGISTRATION**

Driver's Name _____

Driver's License # _____ State: _____

Age: _____

In Emergency Notify: _____ Phone # _____

Is this person at the track?: yes _____ no _____

Person at Track to Notify: _____) _____

Current Medications: _____ Blood type: _____

Drug Allergies: _____

Other Allergies: _____

Special Conditions: _____

Illnesses/Injuries in Past 12 months: _____

Personal Physician: _____ Phone: _____

Answer YES (Y) or NO (N):

Contacts: _____

Diabetic: _____

Dentures: _____

Epileptic: _____

Asthmatic: _____

Hemophiliac: _____

Date of Last Tetanus Shot: _____

OTHER: _____