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# 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**