



CONFIDENTIAL

DRIVER MEDICAL

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: _____

NOTE: EVERY DRIVER MUST SUBMIT ENTRY and MEDICAL INFORMATION FORMS