

SAAC-34 Driver's Medical Information

DRIVER'S NAME _____ AGE _____ DOB _____

ADDRESS _____ RELIGION _____

PHONE # _____ PHYSICIAN _____ PH. # _____

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
DSB	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.

EACH DRIVER: COMPLETE THIS FORM AND BRING IT TO TECH INSPECTION