

SAAC -50 DRIVER'S MEDICAL INFORMATION

DRIVER NAME _____ **AGE** _____ **DOB** _____

ADDRESS _____ **RELIGION** _____

PHONE # _____ **PHYSICIAN** _____ **CELL PHONE #** _____

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

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

DRIVER: COMPLETE THIS FORM AND BRING TO OTEC