

Medical Information

Please bring this completed form to registration in a sealed envelope with your name and car number (if known) on the outside of the envelope. The envelope will be destroyed after the event and opened during the event only if necessary.

Name: _____

Disabilities _____ Explain: _____

Recent Tetanus _____ Date: _____

Current Medications? Explain _____

Allergies? Explain: _____

Check any of the following that are pertinent. (Use extra space for further information)

Contact Lenses _____ Dentures _____ Asthmatic _____
Diabetic _____ Epileptic _____ Cardiac Condition _____
Blood Type: _____

If you have had any major surgery, illness or accident requiring medical treatment within the last 2 years.

Please explain: _____

In case of emergency contact _____

Emergency phone number _____

Is this person at the event? Yes _____ No _____

Family doctor _____

Doctor's phone number _____

Please sign and date

Signature _____ Date _____

Use this area for any other pertinent medical information you feel would be helpful to medical personnel.