

California Sports Car Club 2006 Medical Form

Driver Medical Information – Driver must complete ALL questions

Please write legibly

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|---|--------------------------------|---|---|
| Event: Cal Club Double Regional | Date: Sept 2-3, 2006 | Sanction #s: 06-RS-157-S 06-RS-158-S | Track / Location: Buttonwillow Raceway Park |
|---|--------------------------------|---|---|

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|---|---------------|------------------------------------|------------------------|---------------------------|
| Driver's Name | Date of Birth | Blood Type | Date of Last Tetanus | Registrar Use Only |
| Driver's Address, City, State & Zip | | Daytime Phone | | Run Group |
| | | Evening | | Car # |
| Drug Allergies or Medical Conditions | | Illness/Injury from Past 12 months | | Class |
| Current Medications | | | | |
| Physician's Name | | Address | | Phone |
| Yes or No: | Contacts | Dentures | Asthmatic | Diabetic |
| | Hemophiliac | Heart Problems | Allergies | Organ Donor |
| In Emergency Notify? | | Phone | At Track: Yes No | Religious Preference |
| I certify that the medical information provided by me is true and accurate. | | | | |
| Driver's Signature: _____ Date: _____ | | | | |

Please NOTE: All fields must be filled out completely for an entry to be accepted