



RR #2 Box 48G, Wysox, PA 18854

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## 2008 MEDICAL FORM

This form is not a requirement. It is completely voluntary and will be kept confidential. It will be kept in a binder with all other submitted forms and given to track EMT's each race day. The information on this form could be very important to medical personnel in the event that you suffer a critical injury. We strongly urge you to submit this form for your own safety. Submit with your driver registration form if you wish. If you choose not to have your information available to the EMT's, simply ignore this form. All medical forms will be destroyed following the last racing event of the season.

DRIVER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CAR NUMBER: \_\_\_\_\_ DIVISION: \_\_\_\_\_

*In case of emergency contact:*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

*Please list the following information:*

Describe any significant injuries you have sustained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any surgeries you have had in the past: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

List any allergies you may have (especially bee stings): \_\_\_\_\_

\_\_\_\_\_

List any other information or special needs you may have: \_\_\_\_\_

\_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_ Any partial plates or dentures? \_\_\_\_\_

*This information was disclosed voluntarily and I fully understand that I was under no obligation to provide it.*

\_\_\_\_\_  
Signature of participant (or legal guardian if participant is a minor)