

# SAAC - 41 DRIVER'S MEDICAL INFORMATION

DRIVER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELIGION \_\_\_\_\_

PHONE No. \_\_\_\_\_ PHYSICIAN \_\_\_\_\_ PHONE No. \_\_\_\_\_

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 | DIABETES | YES              | NO |
| CARDIAC      | YES | NO | SEIZURES | YES              | NO |
| HEMOPHILIAC  | YES | NO | DENTURES | YES              | NO |
| ASTHMATIC    | YES | NO | CONTACTS | YES              | NO |
| COPD         | YES | NO | PREGNANT | YES              | NO |
| EPILEPTIC    | YES | NO | I.U.D.   | YES              | NO |
| PARAPLEGIA   | YES | NO | OTHER    | (PLEASE EXPLAIN) |    |
| DSB          | YES | NO | _____    |                  |    |

CAR YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE/STATE \_\_\_\_\_ CAR No. \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE No. \_\_\_\_\_

\_\_\_\_\_ AT TRACK: YES NO

ALTERNATE CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE No. \_\_\_\_\_

\_\_\_\_\_ 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 TO TECH INSPECTION**