

## ***SAAC -49 DRIVER'S MEDICAL INFORMATION***

**DRIVER NAME**                      **AGE**              **DOB**  
**ADDRESS**                              **RELIGION**  
**PHONE #**                              **PHYSICIAN**                      **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:**

<b>HYPERTENSION</b>	<b>DIABETES</b>
<b>CARDIAC</b>	<b>SEIZURES</b>
<b>HEMOPHILIAC</b>	<b>DENTURES</b>
<b>ASTHMATIC</b>	<b>CONTACTS</b>
<b>COPD</b>	<b>PREGNANT</b>
<b>EPILEPTIC</b>	<b>IUD</b>
<b>PARAPLEGIA</b>	<b>OTHER (PLEASE EXPLAIN)</b>

**CAR YEAR**                              **MAKE/MODEL**  
**COLOR**                                      **LICENSE/STATE**

**EMERGENCY CONTACT**                      **RELATIONSHIP**

**ADDRESS**                                      **PHONE #**                      **AT TRACK:**

**ALTERNATE CONTACT**                      **RELATIONSHIP**

**ADDRESS**                                      **PHONE #**

**AT TRACK:**

*NOTE: IN THE EVENT OF AN ACCIDENT ALL DRIVERS MUST BRING THEIR HELMET WITH THEM TO RACE MEDICAL*

**DRIVER: COMPLETE THIS FORM AND BRING IT TO TECH INSPECTION**