



## 2016 Medical / Emergency Contact Form

Car # \_\_\_\_\_ \*\*\* Oval Track \*\*\*

Car(s) Type \_\_\_\_\_ Color \_\_\_\_\_

Car(s) Type \_\_\_\_\_ Color \_\_\_\_\_

Car(s) Type \_\_\_\_\_ Color \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First name** \_\_\_\_\_ **MI:** \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Last Tetanus shot date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

(Please mention any condition such as Heart disease, high blood pressure, kidney disease, diabetes, etc.)

Please list all major surgeries in the past 5 years: \_\_\_\_\_

Do you wear; Contact Lenses Glasses Dentures Other: \_\_\_\_\_ (Please circle all that apply)

Are you an organ donor? YES NO Specific Organs: \_\_\_\_\_

Do you have medical insurance? YES NO If yes, please complete the following:

Company Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

**Emergency Contact** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone # of contact \_\_\_\_\_ Will he / she be at track? YES NO