



2010 MEDICAL CARD

PLEASE TYPE OR PRINT CLEARLY

THIS FORM COVERS PARTICIPATION FOR FULL 2009 SEASON

NAME: _____ BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL _____

DATE OF LAST TETANUS _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

BLOOD TYPE _____ ALLERGIES _____

CURRENT MEDICATIONS _____

MEDICAL CONDITIONS _____

DO YOU WEAR CONTACTS? _____

LIST ALL MAJOR ILLNESSES OR SURGERIES IN THE PAST 12 MONTHS: _____

PRIMARY DOCTOR _____ PHONE NUMBER _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

I, the undersigned, hereby certify that I have no known mental or physical impairments that could jeopardize me or others, OR prevent me from participating in Drivers Club Motorsports Events.

SIGNATURE _____ DATE _____