

2012

Big Bend Open Road Race



Fort Stockton - Sanderson, TX 2012



Driver's Medical Information Form

Must Be Completed By All Drivers

Driver: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

In the event of an accident, the following information is important. Please complete all sections.

HEALTH HISTORY

| Yes | No | | Yes | No | | Yes | No | |
|-----|----|----------------------|-----|----|----------------------------------|-----|----|--|
| | | Asthma | | | Nervous stomach | | | Head or spinal injuries |
| | | Tuberculosis | | | Diabetes | | | Extensive confinement |
| | | Kidney disease | | | Cardiovascular disease | | | Seizures, fits, convulsions, or fainting |
| | | Psychiatric disorder | | | Any other nervous disorder | | | Permanent defect from illness/disease |
| | | Muscular disease | | | Suffering from any other disease | | | Gastrointestinal ulcer |
| | | Rheumatic fever | | | | | | |

If YES to any of the above, explain:

.....
.....
.....

| | | | | | |
|----------------|--------|-------------|------------------|---------------------|----------|
| Participant: | | Sex: | Height: | Weight: | |
| Date of birth: | | Blood type: | | Drug sensitivities: | |
| | Normal | Abnormal | | Normal | Abnormal |
| Vision: | | | Heart condition: | | |
| Hearing: | | | Lungs & chest: | | |
| Comments: | | | | | |

| | | | |
|---|---------------|-----------------|--|
| Drug allergies: | | Medical alerts: | |
| Current medications: | | Other: | |
| Name of personal Physician: | | Phone number: | |
| In the event of an emergency, please contact: (please make sure this person is not in the same car) | | | |
| Name: | Phone number: | Relationship: | |

I do ___ give Big Bend Open Road Race permission to release my medical information/physical form to emergency personnel.

I do not ___ give Big Bend Open Road Race permission to release my medical information/physical form to emergency personnel.

I certify that the above is true and complete and further certify that there is no reason physically or mentally that would preclude me from participating and driving in the Big Bend Open Road Race.

Driver signature

Date

This form must be filled out by the primary Driver and/or 2nd Driver.