

Mid America Ford and Shelby Nationals

CONFIDENTIAL OPEN TRACK DRIVERS MEDICAL INFORMATION

THIS FORM MUST BE COMPLETED BY ALL DRIVERS

AND TURNED IN AT TECH INSPECTION

Car Number

Driver's Name: _____

Driver's License #: _____ State: _____

Age: _____

Emergency Contact: _____

Phone #: _____

Is this person at the track/event? Yes _____ No _____

Person at Track/Event to Contact: _____

Current Medications: _____

Blood Type? : _____

Contacts: _____ Dentures: _____ Diabetic: _____

Asthmatic: _____ Epileptic: _____ Hemophiliac: _____

Drug Allergies: _____

Other Allergies: _____

Special Conditions: _____

Injuries/Illnesses in Past 12 months: _____

Date of Last Tetanus Shot: _____

Personal Doctor: _____ Phone #: _____