

# Slinger Super Speedway 2017 Medical/Emergency Information Form

*If you don't know any of the requested information, leave that area blank -  
just fill out as much as you can.*

Driver Name \_\_\_\_\_ Car Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Personal Physician \_\_\_\_\_ Division \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Blood Type \_\_\_\_\_

Have you ever been treated for.....

Cardiac problems? \_\_\_\_ If yes, when? \_\_\_\_\_ what kind? \_\_\_\_\_

Respiratory Problems? \_\_\_\_ If yes, when? \_\_\_\_\_ what kind? \_\_\_\_\_

Diabetes? \_\_\_\_\_ If yes, when? \_\_\_\_\_ what kind? \_\_\_\_\_

Seizures? \_\_\_\_\_ If yes, when? \_\_\_\_\_ what kind? \_\_\_\_\_

Have you been hospitalized, or seen a physician for anything within the past year? \_\_\_\_

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Are you allergic to anything? \_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_

Are you on any medications? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_