

Slinger Super Speedway 2019 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? _____