



5. Appendix A --- Medical Information Form

You may use this form and the reverse side to record any personal medical information that you feel may be important. Items shown in **BOLD CAPS** are most important but all items are entirely voluntary (in your interest if needed).

If these forms are being collected at registration, seal it in the supplied envelope. **On the outside of the envelope, clearly write your run group and car number** and hand it to the Event Master or the EMT/Ambulance personnel. You may pick up the envelope at the end of the event, otherwise this information will be destroyed after the event. If the forms are not being collected, you may keep the form in a convenient pocket and destroy it after the event.

NAME: _____

DOB _____ **Blood Type:** _____

Allergies: _____

Medications: _____

Check any of the following that are pertinent (Use extra space for further description)

Contact Lenses Dentures Asthma Diabetic Seizures (e.g. Epilepsy) Cardiac Issues Artificial Joints

List other pertinent health conditions or information Use reverse side if necessary):

IN CASE OF EMERGENCY NOTIFY:

EMERGENCY CONTACT PHONE #: _____

Is this person at the track during this event? (check one) **Yes** **No**

Family doctor: _____

Phone: _____

Event Name: _____

Event Location: _____

Signature: _____

Date: _____