



MEDICAL INFORMATION FORM

This information **MUST** be presented to the registrar to complete the registration process, without exception. Make and complete a copy for a two-driver car. **Every DRIVER must have a separate form.**

This form is given to the track medical personnel to assist them in proper treatment of an emergency at the track complex.

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|-------------|------------|---------------|
| NAME: | | AGE: |
| CAR NUMBER: | CAR CLASS: | HOME CHAPTER: |
| EVENT: | | EVENT DATE: |

MEDICAL INFORMATION:

Blood type: _____ Date of last tetanus shot: _____

Allergies: _____

Are you under current medical supervision? YES ___ NO ___

List all medications you are currently using: _____

Do you wear contact lenses? YES ___ NO ___

Do you have detachable dental work? YES ___ NO ___

Has your medical condition changed since your BMW CCA Club Racing physical? YES ___ NO ___

If yes, explain: _____

List any other medical information or physical conditions the Emergency Medical Team should be aware of:

Your personal physician's name: _____

City & State: _____ Phone number: _____

I HEREBY CERTIFY THAT: I will not use any controlled substances including stimulants or depressants prior to or during the course of any BMW CCA Club Racing event without the knowledge and approval of the event officials prior to such use. If I violate this pledge, I shall be subject to mandatory exclusion from the current event and may be further excluded from any driving or racing event sanctioned by BMW CCA in the future.

Driver Signature: _____ Date: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____ At the track ? YES ___ NO ___

Address: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____