



# SKIP BARBER RACE SERIES

## Driver Medical Information

CONFIDENTIAL DOCUMENT

Customer #: \_\_\_\_\_

Skip Barber Racing School *MAZDASPEED* Pro Challenge

DATE: \_\_\_\_\_

Driver's Full Name: \_\_\_\_\_

List All Medications You Are Currently Taking, Including Any Over the Counter Medications:

\_\_\_\_\_  
\_\_\_\_\_

Pharmacy Name and Phone Number: \_\_\_\_\_

List Any Allergies (If None Write None-If Not Known Write Not Known):

\_\_\_\_\_

Blood Type \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Have You Been Treated For Any Significant Medical Illness in the Past Five Years?

YES NO

Have You Received Treatment for Any Psychological Illness, Nervous or Mental Trouble in the Past Five Years?

YES NO

If You Answered Yes To Either of the Above Questions, Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Any Family History of Significant Illness or Other Pertinent Medical History:

\_\_\_\_\_

Personal Physician's Name: \_\_\_\_\_

Address and Phone Number Of Physician (If Not Known, List City And State):

\_\_\_\_\_

Person to Contact in Case of an Emergency During the Time You Will Be At the Race Track:

\_\_\_\_\_

Phone Number(s) Where That Person Can Be Reached: \_\_\_\_\_

\_\_\_\_\_

Note: **IT IS THE RESPONSIBILITY OF THE DRIVER To Inform Skip Barber Racing School Of Any Changes In The Drivers Medical Information Prior To The Event They Will Be Participating In.**