

Driver Medical Information

CONFIDENTIAL DOCUMENT

Customer #: _____

Summer Series 2011

___ MAZDASPEED Challenge

___ SBF2000

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.**