

**Watkins Glen International
Drivers Medical Information**

Drivers Name _____ **Age** ____ **DOB** ___ / ___ / ___
Street _____ **City** _____ **State** ____ **Zip** _____
Driver's Phone Number ___ - ___ - _____
Physician _____ **Physician's Phone Number** ___ - ___ - _____
Blood Type ____ **Date of last Tetanus shot** ___ / ___ / ___ **Religion** _____
Current Medications _____ **Allergies** _____
Special Conditions _____
Illness / Injury in last 12 months _____

Circle Yes or No

Hypertension	Yes / No	Diabetes	Yes / No
Cardiac	Yes / No	Seizures	Yes / No
Hemophiliac	Yes / No	Dentures	Yes / No
Asthmatic	Yes / No	Contacts	Yes / No
Copd	Yes / No	Pregnant	Yes / No
Epileptic	Yes / No	I. U. D.	Yes / No
Paraplegia	Yes / No	Other	Yes / No

If Other Please Explain _____

Car Make _____ **Car Number** ____

Emergency Contact _____ **Relationship** _____

Address _____ **Phone** ___ - _____

At the track Yes / No **If so, Where?** _____

Alternate to notify _____ **Relationship** _____

Address _____ **Phone** ___ - _____

At the track Yes / No **If so, Where?** _____

Please use the back of this form if additional space is needed.

Official Use Only:

Run Group _____ **Car Number** _____

NOTE: Drivers must bring their helmet with them to Track Medical if they have been involved in an accident.