

**Badger Bimmers**  
**CONFIDENTIAL DRIVER MEDICAL INFORMATION**  
**June 19, 2017 or July 31, 2017**

**Car Number:** \_\_\_\_\_

**Group: Nov Int Adv Ins**

IN ORDER TO DRIVE THIS FORM MUST BE COMPLETED BY ALL DRIVERS.

Driver's Name \_\_\_\_\_ Car License # \_\_\_\_\_ Age \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Phone # \_\_\_\_\_  
Phone # \_\_\_\_\_

Is this person at the track? yes \_\_\_\_ no \_\_\_\_

Person at Track to Notify \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Do you carry your health insurance card on your person? yes \_\_\_\_ no \_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ (recommended every 10 years)

Medical Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Do you take Aspirin daily? yes \_\_\_\_ no \_\_\_\_

List any other blood thinners you take \_\_\_\_\_

List any Illnesses/Injuries in the past 12 months \_\_\_\_\_

Answer Yes or No    Diabetic \_\_\_\_                      Former Epileptic \_\_\_\_

                                 Blood Disorders \_\_\_\_                      Asthmatic \_\_\_\_

                                 Contacts \_\_\_\_                                      Dentures \_\_\_\_

Special Conditions \_\_\_\_\_

Other \_\_\_\_\_

Driver's Signature \_\_\_\_\_

This document will be destroyed (shredded) after the event.