

Badger Bimmers
CONFIDENTIAL DRIVER MEDICAL INFORMATION
June 11, 2018 or August 13, 2018

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.