

MEDICAL FORM

Tidewater Chapter BMW CCA

Please add medical information to your account on www.motorsportreg.com or fill out this form as close to the day of registration as you can. If you choose to use this form, please place it in a sealed letter sized envelope with your name printed on the outside in large letters. This information will only be used if medical personnel need it and you are unable to provide it. Otherwise it will be destroyed after the driving event.

Driver's name _____ Age _____

In emergency notify (name) _____ Is this person at the event? _____

Phone number _____ Other person at the event to notify _____

Medical Insurer: _____ Policy number: _____

Current medical conditions:

Current medications:

Drug allergies:

Date of last tetanus shot _____ Blood type (including RH neg. or pos.) _____

Prosthesis? _____ Do you wear contact lenses? _____

Name of driver's personal physician

Physician's phone number

Anything else you would want the people caring for you in a potentially life-threatening situation to know?