

BIG BLUE MILE SHOOTOUT

MEDICAL INFORMATION FORM (DRIVER)

MUST BE COMPLETED BY ALL DRIVERS

Driver Name: _____

In the event of an accident, the following information is important. It could save your life!

Please complete the following:

HEALTH HISTORY

YES	NO	Asthma	YES	NO	Nervous Stomach	YES	NO	Head or Spinal Injuries
()	()	Tuberculosis	()	()	Muscular Disease	()	()	Extensive confinement
()	()	Kidney Disease	()	()	Rheumatic Fever	()	()	Seizures, fits, convulsions or
()	()	Psychiatric Disorder	()	()	Any other nervous Disorder	()	()	Diabetes
()	()	Cardiovascular Disease	()	()	Suffering from any other	()	()	Gastrointestinal ulcer
()	()	Permanent defect from			disease			
		illness, disease						

If yes to any of the above, please explain: _____

PARTICIPANT: Sex: _____ Height: _____ Weight: _____ Date of Birth: _____

	NORMAL	ABNORMAL
Hearing		
Extremities		
Neurological		
Heart Condition		

	NORMAL	ABNORMAL
Lungs & Chest		
General Systemic		
Vision		

Comments: _____

Drug Allergies or Sensitivities: _____

Current Medications: _____

Name of Personal Physician (Please Print) _____ Phone Number _____

In the event of an emergency, please contact: _____

Name (print) Relationship Phone Number

I do _____ give BBMS permission to release my medical information/physical form to emergency personnel.

I do not _____ give BBMS permission to release my medical information/physical form to emergency personnel.

Participant Signature _____ Date _____