

BIG BLUE MILE SHOOTOUT

MEDICAL INFORMATION FORM (NAVIGATOR)

MUST BE COMPLETED BY ALL DRIVERS NAVIGATOR

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 illness, disease			disease			

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

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

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Hearing			Lungs & Chest		
Extremities			General Systemic		
Neurological			Vision		
Heart Condition					

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