



Driver Medical Information

Driver medical information will be made available only to emergency medical responders at the race track. Failure to provide the requested information increases a driver's health risk if involved in a serious accident and insurance coverage. This form provides initial information to assist in emergency response needs as well as insurance coverage information requests.

Driver Information

Driver Name _____

Date of Birth _____

Sex: Male or Female

Helmet Brand _____

Racing Suit Brand _____

Glove Brand _____

Shoe Brand _____

Neck Brace _____

Emergency Contact Information

Contact Name _____

Telephone Number _____ Relationship _____

Health Insurance Information

Provider Name _____

Policy Number _____ Group Number _____

Driver Medical Information

Drug Allergies _____

Allergies: Yes or No

Do you use an EPI Pen? Yes or No

Do you carry an EPI Pen? Yes or No If yes, where is it located? _____

Asthmatic: Yes or No

Do you carry an inhaler? Yes or No If yes, where is it located? _____

Diabetic: Yes or No

Medications _____

Past medical history that emergency responders should be aware of

