

*** CONFIDENTIAL INFORMATION ***

HURRICANE REGION
Porsche Club of America



DRIVERS EDUCATION
Carolina Motorsports Park
14-15 August 2010

DRIVER MEDICAL FORM

This medical information must be mailed with your registration form and check. If any of the information changes before the event, please bring a revised copy to Registration after completing GRID TECH INSPECTION, along with your driver license and Tech Inspection form.

(Please write clearly so we can read it!)

Driver _____

Address _____

City _____ State _____ Zip _____

Phone home _____ work _____ mobile _____

Car Make and Model _____ Color _____ Year _____

Car #

Run Group

Do not fill-in. Office use only.

EMERGENCY CONTACT INFORMATION (Mandatory)

In an EMERGENCY, notify _____ relationship _____

Will this person be at the track during the entire event? yes no

If no, please provide all contact information below.

Phone home _____ work _____ mobile _____

Address _____

I hereby certify that I have no known physical or mental problems which might jeopardize the safety of myself or others by my participation in this event.

Driver Signature

Date

MEDICAL INFORMATION (Optional)

Drug Allergies _____

Current Medications _____

Special Medical Conditions _____

Last tetanus shot (year) _____ Blood type _____ Age _____

Personal Physician

Name _____ Phone _____

Address _____

Circle Yes or No

CONTACTS Yes No DENTURES Yes No ASTHMATIC Yes No
DIABETIC Yes No EPILEPTIC Yes No HEMOPHILIAC Yes No

Please list your medical training or ratings:

THIS MEDICAL INFORMATION MUST BE COMPLETED AND MAILED WITH YOUR REGISTRATION AND CHECK.