## MEDICAL INFORMATION FORM (NAVIGATOR)

(Good till Navigator makes changes)

## MUST BE COMPLETED BY ALL NAVIGATORS NOT EXCEEDING TECH SPEED OF 165 MPH

Participant Name	:					
In	the event of an a	ccident the f	Collowing information is	important. Please	complete the fol	lowing:
			HEALTH HIST	ORY		
YES NO ( ) ( ) Asthma ( ) ( ) Tuberculosis ( ) ( ) Kidney Disease ( ) ( ) Psychiatric Disorder ( ) ( ) Cardiovascular Disease ( ) ( ) Permanent defect from illness, disease  If the answer to any of the above i			O  Nervous Stomach  Muscular Disease  Rheumatic Fever  Any other nervous disorder  Suffering from any other di	sease ( )	NO ( ) Head or Spinal Injuries ( ) Extensive confinement ( ) Seizures, fits, convulsions or fainting ( ) Diabetes ( ) Gastrointestinal ulcer	
			Weight:			
			Orug Sensitivities:			
Vision Hearing Extremities Neurological Comments:	NORMAL	ABNORM	<u>IAL</u> 	Heart Conditio Lungs & Chest General Systen	NORMAL n	ABNORMAL
Drug Allergies: _	Medical Alerts:					
Current Medication	ons:		Other:			
Name of Personal	l Physician (Plea	se Type or F	Print)	Phone Number		
In the event of	an emergency	, Please Co	ntact:Name (Type or F	Print Legibly)		Phone Number
I <b>do</b> give SSO	CC permission to	release my	medical information/phy	sical form to emer	rgency personnel.	
I <b>do not</b> give	SSCC permission	on to release	my medical information	physical form to	emergency persor	nnel.
I attest that I have	ve current Med	ical Insuran	ce coverage.			
Participant Signat	ture					Date
	<u>THIS</u>	FORM M	IUST BE FILLED	OUT BY NAV	<u>IGATOR</u>	

14-Navigator's Medical rev 3/29/2011

Car # \_\_\_\_\_