Silver State Classic Challenge, Inc., a Non-Profit Corporation

MEDICAL INFORMATION FORM

(GOOD FOR (2) Years)

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

Participant Name: ____

Circle One: Driver Navigator OR Co-Driver (CIRCLE ONE)

In the event of an accident the following information is important. Please complete the following:

HEALTH HISTORY

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

If the answer to any of the above is YES, explain: ____

____

PARTICIPANT: Sex: _________Height:__________Weight:____________ Date of Birth: _______________________

Blood Type: ________ Drug Sensitivities: ____

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

Comments: ____

Drug Allergies: ______________________________ Medical Alerts: ______________________________

Current Medications: ___________________________ Other:___________________________________

____

Name of Personal Physician (Please Type or Print) Phone Number

In Case of Emergency, Please Contact: ____

Name (Type or Print Legibly) Relationship Phone Number

I **do**____give SSCC permission to release my medical information/physical form to emergency personnel.

I **do not**____give SSCC permission to release my medical information/physical form to emergency personnel.

I attest that I have current Medical Insurance Coverage.

____ ______________

Participant Signature Date

Valid From

___________Thru_____________

Car # ______