

TEAM JANICA RACING
MEDICAL FORM

Please complete all information on this form and use the reverse side for any additional personal medical information that you feel may be important. This information is voluntary, but could be in your best interest if needed. Please fill it out and put it in an envelope and seal it. Write your name, car make, model and color along with license plate (if applicable) on the outside of the envelope. DO NOT mail this back with the application and waiver. Bring it to the track. At the end of the event, the envelope will be destroyed.

Event Location _____ Date _____
Name _____
Car License _____
Age _____
Allergies _____
Medications _____

Check any of the following that are pertinent. (Use extra space for further information)

Contact Lenses _____
Dentures _____
Asthmatic _____
Diabetic _____
Epileptic _____
Cardiac Condition _____

List other pertinent health conditions or information:

In case of emergency contact _____
Emergency phone number _____
Is this person at the event? Yes _____ No _____
Family doctor _____
Doctor's phone number _____