



## RACER MEDICAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Car Number \_\_\_\_\_ Race Class \_\_\_\_\_ Race Group \_\_\_\_\_

PCA Club Racing Event \_\_\_\_\_

### Medical Information

Current Medication? \_\_\_\_\_ Which Ones? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Lenses? \_\_\_\_\_ Last Tetanus Shot Date \_\_\_\_\_

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

List any Current Medical Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your Medical Condition changed since your PCA Physical? \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

### In Case of Emergency Notify

Name \_\_\_\_\_ At Track? \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_