



MEDICAL FORM — 2010 Season

Note: Each driver must complete and submit a separate registration form and medical form. Incomplete entries will be returned.

Driver Information

Driver's Name _____ Age _____

Car Number _____ Race Group (check one) 996 GT3 Cup
 997 GT3 Cup
 996/997 KONI/Sportscar SPEC

Contact lenses? YES NO Allergies (if yes please list) YES NO

List Current Medications _____

Blood Type _____ Date of Last Tetanus Shot _____

List Current Medical Conditions _____

Has your medical condition changed since your last physical? (if yes describe) YES NO

Your Physician's Name _____ Telephone Number _____

_____	_____
In Case of Emergency Notify	Telephone Number
_____	_____
Relationship to Driver	Is this Person at the Track? <input type="checkbox"/> YES <input type="checkbox"/> NO Cellular Number _____

Signature _____ Date _____