

## MEDICAL FORM — Infineon Raceway, October 24-26, 2008

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 Class (check one)  996 GT3 Cup  997 GT3 Cup

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="radio"/> YES <input type="radio"/> NO Cellular Number

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