

**MEDICAL FORM – 2019 Season**

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

**Driver Information**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_

Contact Lenses:  Yes  No

Blood Type: \_\_\_\_\_

Date of Last Tetanus Shot (mm/dd/yyyy): \_\_\_\_\_

Allergies (if yes, please list):  Yes  No

List Allergies: \_\_\_\_\_

\_\_\_\_\_

List Current Medications: \_\_\_\_\_

\_\_\_\_\_

List Current Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Has your medical condition changed since your last physical? (If yes, please describe):  Yes  No

List Medical Changes: \_\_\_\_\_

\_\_\_\_\_

Your Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Emergency Contact Information**

In Case of Emergency Notify: \_\_\_\_\_

Relationship to Driver: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**A Competent Motorsport LLC / Air-Cooled Cup USA Medical Form must be submitted with your ONLINE registration form and entry fees. This medical information is required and you will not be permitted to race without it on file with Competent Motorsport LLC / Air-Cooled Cup USA.**

Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_