



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 / Pirelli Trophy West 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 / Pirelli Trophy West USA.

Signature: _____

Date (mm/dd/yyyy): _____