



## Motor City Chapter BMW CCA Medical Information Form

Please fill out this form as close to registration as you can. Place it in a letter-sized envelope with your name on it. Please seal the envelope. This information will only be used in the case of a situation where you are unable to provide it to the medical personnel.

If you would like to collect the envelope at the end of the event you may, if not it will be destroyed, unopened of course.

Your Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Address if Different: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone if Different: \_\_\_\_\_

Is your emergency contact at this event?  Yes  No

If not, please give us a name of a person you know at the track: \_\_\_\_\_

Age: \_\_\_\_\_ Health Ins. Co. \_\_\_\_\_

Are you allergic to any medication(s)? \_\_\_\_\_

What medications do you take on a daily basis? \_\_\_\_\_

Do you have any medical problems requiring a physician's care? \_\_\_\_\_

List any surgery in the past 5 years? \_\_\_\_\_

Date of last tetanus booster? \_\_\_\_\_ Do you wear contact lenses? \_\_\_\_\_

Name and phone number of your personal physician? \_\_\_\_\_

Anything else you would want the people caring for you in a potentially life threatening situation to know?

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