

Seat Time Performance Driving Days
Driver Medical Form
(Must be Completed)

Name: _____

Date of birth: _____ Blood Type: _____

Date of last tetnus booster: _____

Personal Physician: _____

Address: _____

_____ Phone: _____

Special Conditions (Diabetes, Hemophilia etc.) _____

Current Medications: _____

Drug Allergies: _____

I hereby certify that I have no known physical or mental impairments that may jeopardize myself or others by my participation in this event.

Driver Signature: _____ Date _____

This form is for medical purposes only. All information on this sheet shall remain confidential.