



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?
