



Triangle Z Club & Tarheel Sports Car Club High Performance Driving School and Time Trial

MEDICAL QUESTIONNAIRE (CONFIDENTIAL)

Each driver must complete this form. It is to be submitted with your **Registration** form. This information is VITAL to the effectiveness of the emergency crew, should their services be required during the event. **This form must be turned in before you can receive a run group assignment.**

PLEASE PRINT OR TYPE

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Work _____

Blood type _____ Last tetanus booster (year) _____

Drug allergies _____

Current medications _____

Chronic Medical Conditions for which you are being treated by a Physician: _____

Person to notify in case of an emergency: _____

Will this person be at the track? _____ If not, provide phone number _____

I certify that I have no known mental or physical conditions that might jeopardize myself or others if I participate in this event.

Signature _____ Date _____