



ORANGE SHOW SPEEDWAY 2008 MEDICAL INFORMATION FORM

Member No: _____ Car #: _____	FOR ORANGE SHOW SPEEDWAY USE ONLY
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PLEASE FILL OUT COMPLETELY
(PRINT OR TYPE)

FULL LEGAL NAME: _____

SOCIAL SECURITY NO. _____ - _____ - _____

CONTACT PHONE NO.: (_____) _____ WORK PHONE: (_____) _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE: ____ / ____ / ____ MALE (_____) FEMALE (_____)

SPOUSE NAME: _____

PLEASE CHECK ONLY ONE OF THE FOLLOWING THAT APPLIES TO YOU:

DRIVER (_____) OWNER (_____) CREW (_____) OFFICIAL (_____)

BLOOD TYPE / RH FACTOR _____ DO YOU WEAR CONTACTS/DENTURES/ETC. _____

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE: YES (_____) NO (_____)

IF YES, LIST REASONS: _____

LIST ANY PRESCRIPTION MEDICATIONS YOU ARE CURRENTLY TAKING: _____

LIST ANY ALLERGIES (TO MEDICATIONS, ETC.) _____

FAMILY PHYSICIAN (NAME) _____ PHONE (_____) _____

IN CASE OF EMERGENCY CONTACT _____ PHONE (_____) _____

INSURANCE COMPANY _____ POLICY NO. _____

This medical information will help facilitate your care should you become ill or injured while away from home. This information is held in confidence and will be shared with health care professionals only in emergencies. I certify that the information supplied by me on this Form is true and correct.

Signature: _____ **Date Signed:** _____

Please return this form to:

ORANGE SHOW SPEEDWAY
689 South "E" St., San Bernardino, CA 92408
909-888-6788 ext. 438 * FAX 909-384-9002
WWW.NOSEVENTS.COM