MEDICAL INFORMATION FORM
(Must be completed by all Drivers/Co-Drivers and Navigators)

Name: _____
Address:_____
Social Security #: (opt.) _____ Date of Birth: _____ Age: _____

HEALTH HISTORY

Yes	No		Yes	No		Yes	No	
❑	❑	Asthma	❑	❑	Nervous Stomach	❑	❑	Head or Spinal Injuries
❑	❑	Tuberculosis	❑	❑	Muscular Disease	❑	❑	Extensive confinement by Illness or Injury
❑	❑	Kidney	❑	❑	Rheumatic Fever	❑	❑	Seizures, fits, convulsions, or fainting
❑	❑	HIV Positive	❑	❑	Psychiatric Disorder	❑	❑	Any other nervous disorder
❑	❑	STD's	❑	❑	Cardiovascular Disease	❑	❑	Any other diseases
❑	❑	Diabetes	❑	❑	Gastrointestinal Ulcer	❑	❑	Permanent defect from Illness/disease/injury

If answer to any of the above is yes, explain: _____
_____

Sex: _____ Height: _____ Weight: _____ Blood Type: _____
Drug Sensitivities: _____
Current Medications: _____
Medical Alerts: _____

Name of Personal Physician or Health Care Provider (**MANDATORY**):_____
Policy Number (**MANDATORY**): _____
Phone Number of Personal Physician or Health Care Provider (**MANDATORY**): _____

Vision: Right 20/___ Left 20/____ Both 20/____ With/Without Corrective Lenses (circle one)

	Normal	Abnormal
Hearing	❑	❑
Extremities	❑	❑
Heart Condition	❑	❑
Lungs & Chest	❑	❑
General System	❑	❑

If ABNORMAL, explain: _____

I DO/DO NOT (circle one) give MKM Racing Promotions permission to release my medical information to emergency medical personnel.

In accordance with Nevada Department of Transportation (NDOT) requirements, **ALL participants must provide proof of medical insurance from their health insurance provider or from their automobile policy, and this coverage must remain in effect for the duration of this event.** By signing this form below, you certify that the above is true and complete, that you are in compliance with the NDOT requirement, and further certify there are no physical or mental limitations to your participation in any MKM Racing Promotions, LLC event.

Participant Signature Date