Southern California Timing Association
Medical Information

Name _____ Age _____ **Vehicle No.** _____

Address _____

City _____ State _____ Zip _____

Support Crew at Event

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Primary Medical Insurance ☐ Yes ☐ No

Insurance Carrier _____ ID No. _____

Group _____ Subscriber _____

Emergency Contact

Name _____ Relation _____

Phone _____ 2nd Phone _____

Alternate Contact Name _____ Phone _____

Please Check Each Category

	Yes	No
Contact Lens	☐	☐
Dentures	☐	☐
Asthmatic	☐	☐
Diabetic	☐	☐
Pace Maker	☐	☐
Epileptic	☐	☐
Hemophiliac	☐	☐
Hearing Impaired	☐	☐
Hypertension	☐	☐
Pregnant	☐	☐
Allergies	☐	☐

Medical Information

Physician _____ Phone _____

Date of Last Tetanus Shot _____ Date of Last Exam _____

Prescription Medications (Please List) _____

_____

Allergies to Medications _____

Past Surgical History _____

Other Medical Issues (Check All That Apply) _____

- ☐ Insulin Dependent Diabetic
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Respiratory Problems
- ☐ Previous Head Injuries
- ☐ Blood Problems – Anemia
- ☐ Blood Problems – Clotting Difficulties
- ☐ Musculoskeletal Problems
- ☐ Malignancy
- ☐ Seizure Disorder
- ☐ Other Special Needs – Please List

_____

_____

_____

_____

Authorization for Emergency Care: In case or an emergency, wherein I am incapable of giving consent due to illness or injury, I authorize any qualified person to administer first aid and/or other necessary treatment. I further authorize any licensed surgeon to perform life-saving surgery, if the need of surgery is agreed upon by two (2) physicians' judgment.

Signed _____ Date _____