

Audi Club Golden Gate

Medical Information

CAR #

Please fill out this form as close to registration as you can. Place the completed form in a letter-sized envelope with your name on it, and 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. You may collect this form after the event. All uncollected forms will be destroyed unopened.

Your name	Emergency contact
Address	Address (if different)
Phone	Phone (if different)

Is this person at the event? yes no

If no please give us a name of a person you know at the track this weekend (**very important**)

Your age? _____ Social Security number _____ Health Insurer. _____

Are you allergic to any medication(s)? _____

What medications do you take on a daily basis? _____

Do you have any current medical problems requiring a physician's care? _____

Have you had 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? _____

Blood Type _____

Medical Information and Contacts (Place in a legal size envelope, seal and turn in at registration, write your car number on the outside)