



2017



Fort Stockton – Sanderson TX 2017

Navigator/Co-driver Medical Information Form

Must Be Completed By All Navigators/Co-drivers

Navigator/Co-driver: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

In the event of an accident, the following information is important. Please complete all sections.

HEALTH HISTORY

Yes	No		Yes	No		Yes	No	
		Asthma			Nervous stomach			Head or spinal injuries
		Tuberculosis			Diabetes			Extensive confinement
		Kidney disease			Cardiovascular disease			Seizures, fits, convulsions, or fainting
		Psychiatric disorder			Any other nervous disorder			Permanent defect from illness/disease

If YES to any of the above, explain:

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		Sex:		Height:		Weight:	
Date of birth:		Blood type:		Drug sensitivities:			
	Normal	Abnormal			Normal	Abnormal	
Vision:				Heart condition:			
Hearing:				Lungs & chest:			
Comments:							
Drug allergies:						Medical alerts:	
Current medications:						Other:	

Name of personal Physician:		Phone number:
In the event of an emergency, please contact: (please make sure this person is not in the same car)		
Name:	Phone number:	Relationship:

I do ___ give Big Bend Open Road Race permission to release my medical information/physical form to emergency personnel.

I do not ___ give Big Bend Open Road Race permission to release my medical information/physical form to emergency personnel.

I certify that the above is true and complete and further certify that there is no reason physically or mentally that would preclude me from participating and driving in the Big Bend Open Road Race.

Navigator/Co-driver signature

Date

This form must be filled out by the Navigator/Co-driver.