



VINTAGE SPORTS CAR DRIVERS ASSOCIATION, Ltd.

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Office Hours: Monday thru Friday, 10 AM to 6 PM EST

TRACK SIDE MEDICAL

This form must be completed by the Entrant for each race and submitted with the Entry. This information is for the Emergency Medical Technicians at the Track, in case of an emergency. You must answer every item on the form!!!

Entrant: _____ Birth Date: _____ Gender: _____

Emergency Contact: _____ Contact at Track? ____ YES ____ NO

Address: _____ Phone: _____

City/Province: _____ State/Country: _____ Zip: _____

Physician: _____

Address: _____ Phone: _____

City/Province: _____ State/Country: _____ Zip: _____

Have you had any Illness/Injury/Surgery in the past 12 Months (if Yes, describe and attach a Doctor's release stating you are physically fit to participate in wheel-to-wheel, high speed competition automobile racing.):

Do you have any Special Conditions (if Yes, describe):

Current Medications: _____

Drug Allergies: _____

Date of Last Tetanus Shot: _____ Blood Type: _____

Do you have: Asthma _____ Contacts _____ Dentures _____

Diabetes _____ Epilepsy _____ Hemophilia _____

Are you an Organ Donor: _____ If so, what State: _____

Entrant's Signature

Date

ATTENTION – ALS/MEDICAL PERSONNEL:

Return this form to the Event Chief Steward at the conclusion of each day to assure its subsequent availability.