

Medical Form

All driving participants in the Road Atlanta or Texas Motor Speedway Track Days Program must fill out the Medical section. Be sure to bring this form with you to the track –you will turn it in at Registration, after your car is inspected.

Medical Section

The information requested below is for background use only; it is not necessary to consult your physician. All information shall be held in the strictest confidence.

Drivers name: _____ Date of Birth: / /

Blood type (if known): _____ Date of last Tetanus: / /

Allergies to medications: _____

Medications currently prescribed: _____

Physical impairments: _____

Person to contact in case of emergency: _____

Will this person be at the track: _____ if no, number at which he or she can be reached: _____

By signing this form, I certify that I am at least 18 years of age, possess a valid driver's license, and have no known physical or mental impairments or disabilities that could jeopardize myself or others by participating in this driving event.

Signature: _____ Date: _____