



Medical History

PLEASE MARK: Guest ___ Participant ___

Please fill out completely in order to gain track access

Name: _____ Age: _____ Date of Birth: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone: Home: _____ Cell: _____ E-mail: _____
 Emergency Contact Name: _____ Relation: _____
 Phone: _____

Have you been treated for, have you ever had, or have you now, any of the following:
(Yes responses should be explained on a separate sheet and attached when submitted)

Condition	Yes	No	Condition	Yes	No
Frequent or severe headaches			Hay fever		
Unconsciousness for any reason			Eye Conditions		
Dizziness or fainting spells			Dental Appliance: Dentures, etc.		
Epilepsy or Seizures			Asthma		
Heart Trouble, List:			Diabetes		
Blood Pressure Abnormalities: High or Low (Circle One)			Allergies to any medications		
Any drug, narcotic or alcohol problems			Admission to the hospital in the past 12 months (List on back)		
Psychiatric/Mental Health Problems			Amputations/Physical Disability		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones			Anemia, or other blood diseases including abnormal bleeding		
Previous waiver(s) from any racing organization for a medical condition or previous denial from any racing organization due to medical reason, list on back.			Illnesses not mentioned above, list on back.		

Medications Used (including eye drops): _____

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the Autobahn Country Club Competition Committee.

Applicant's Signature: _____ **Date:** _____