

Emergency Medical Information

Fill out this form before you bring the car to tech inspection. The tech inspectors will ask you if it's complete and verify it's placed in your driver suit. Unless needed for an emergency, it will remain in your possession. **It should NOT be reviewed by anyone unless you have had an off-road excursion or other incident requiring medical intervention during the rally.**

Name: _____

Address _____

City State Zip _____

Blood type _____ Last tetanus shot _____

Date of birth _____

Allergies: _____

Current medications (Include any of the sexual dysfunction drugs like Viagra here as the addition of some of the heart medications like Nitro would be a **FATAL** combination)

Other information that you would want a medical professional to know about you if you could not answer questions while in their care or at an emergency scene. Be as complete as possible, Pay attention to things that would effect your treatment(s) and/or drug interaction(s) with you or things about you a medical professional would need to know.

Emergency Contact Information

(Who to call if you can't tell us who to call. List one and an alternate)

Name _____

Address _____

City State Zip _____

Phones (Home) _____ (Work) _____ (Mobile) _____

Where this contact is expected to be while you are at the rally:

Alternate Contact

Name _____

Address _____

City State Zip _____

Phones (Home) _____ (Work) _____ (Mobile) _____

Where this contact is expected to be while you are at the rally:
