

Patroon & NY Chapter BMWCCA Drivers School Medical Form



DRIVER MEDICAL INFORMATION FORM (FILL THIS BEFORE THE EVENT!)

Please complete this form and bring it to the school and submit it during registration. Information will be kept confidential and destroyed after the event.

NAME: _____
(LAST, FIRST - Please print clearly)

SCHOOL DATE: ___ / ___ / ___

Contact Information

A. Emergency Contacts - Please list names, telephone numbers (including cell phones) and relationships to you of those whom we should contact in case of an emergency.

B. Physician Contact - Please list the name and emergency phone number for you physician.

Medical Information

C. Specific Medical Problems - please check these medical conditions that you have.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy (seizures)	<input type="checkbox"/> Lung problems
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Adrenal Problems	<input type="checkbox"/> Other (list below)

D. Medications - please list all prescription and non-prescription medications that you take.

E. Allergies - please list allergies you have to specific medications, as well as any serious general allergies you have (e.g., to bee stings, egg products, iodine, peanuts etc.)

F. Electrocardiogram - Physicians recommend that persons with a known abnormal EKG carry a copy to be used as a baseline in an emergency; you may attach a copy to this form if desired.

<input type="checkbox"/> No I do not have an EKG report	<input type="checkbox"/> My EKG is carried on my person	<input type="checkbox"/> My EKG is attached to this form
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