Driver's Education Medical Form
First Settlers Region, Porsche Club of America

This form must be filled out for each event. If two drivers are registering, then both drivers must complete and sign the form. **PLEASE PRINT OR TYPE.**

Event: _____ Event Date: _____

DRIVER #1:

Name: _____ Age: _____

In case of emergency notify: _____ Phone: ( ) _____

Address: _____ At track: _____

List Current Medications: _____ List Drug Allergies: _____

List any special medical conditions: _____ Blood Type: _____

Personal Physician: _____ Phone: ( ) _____

Answer Yes or No:

❑	YES	❑ NO	Contact Lenses	❑	YES	❑ NO	Diabetic
❑	YES	❑ NO	Dentures	❑	YES	❑ NO	Hemophiliac
❑	YES	❑ NO	Asthmatic	❑	YES	❑ NO	Epileptic

Driver #1 Signature: _____ Date: _____

DRIVER #2:

Name: _____ Age: _____

In case of emergency notify: _____ Phone: ( ) _____

Address: _____ At track: _____

List Current Medications: _____ List Drug Allergies: _____

List any special medical conditions: _____ Blood Type: _____

Personal Physician: _____ Phone: ( ) _____

Answer Yes or No:

❑	YES	❑ NO	Contact Lenses	❑	YES	❑ NO	Diabetic
❑	YES	❑ NO	Dentures	❑	YES	❑ NO	Hemophiliac
❑	YES	❑ NO	Asthmatic	❑	YES	❑ NO	Epileptic

Driver #2 Signature: _____ Date: _____