

Mazda Driving Associates, LLC
(www.MazdaDriverS.com)

Virginia International Raceway Safety Driving Seminar

VIR PARTICIPANT MEDICAL INFORMATION
(Confidential)

Please Print Legibly:

Date: _____ Event: _____

Name: _____ Age: ____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Medical Insurance Carrier: _____ Policy No. _____

In Case of Emergency, notify: _____ Relationship: _____

Phone No. where they can be reached: _____

Blood Type and RH: _____ Do you wear contacts? ____

Date of last Tetanus: _____ Prosthesis? _____

Drug allergies: _____

Present medications: _____

Significant illness or condition that might affect you on the track:

This information will be kept confidential and only used in case of emergency.

Last few steps:

- 1. Fold in half, staple or tape in place.*
- 2. Write your Name (Last, First) on the outside.*
- 3. Turn in at registration*

After the event this information is shredded.