

*Mazda Driving Associates, LLC*  
[www.MazdaDriverS.com](http://www.MazdaDriverS.com)

**High Speed Drivers Education Seminar**

**2010**

**Virginia International Raceway**

**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:

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*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

*This form is passed to VIR Fire and Rescue, after the event this information is shredded.*