



Original **Pizza Logs™**

600 SPRINT TOUR



DRIVER HEALTH INFORMATION FORM

NAME: _____

ADDRESS: _____

OVER THE AGE OF 18? _____ YES _____ NO

IF NO, DATE OF BIRTH ____ / ____ / ____

INSURANCE CARRIER : _____

INSURANCE # _____

Does your insurance require a pre-approval phone call? _____ yes _____ no

Doctors Name: _____

Doctors Telephone Number: _____

IN CASE OF EMERGENCY NOTIFY:

Name : _____

Address: _____

Relationship: _____

Alternate Name : _____

Address: _____

Relationship: _____

LIST ALL MEDICATIONS (INCLUDING OTC) YOU TAKE ON A REGULAR BASIS:

(TURN OVER)



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PLEASE EXPLAIN ANY AREAS IN PARTS I-IV THAT ARE CHECKED. INDICATE ANY INFORMATION USEFUL TO THE MEDICAL PROFESSIONAL IN CHARGE THAT WILL AID IN MEDICAL TREATMENT.

Part I: ILLNESS AND CHRONIC OR RECURRING INJURIES (please check those that apply)

Asthma Bleeding/clotting Disorders Constipation Diabetes
 Ear infections Heart Defect Disease Nosebleeds Fainting
 Hypertension Seizure Disorder Mononucleosis Convulsions

[] Others (please specify) _____

Part II ALLERGIES *(check those that apply and specify nature of allergic reaction)

Animals Hay Fever Pollen Food
 Insect sting Medicines/drugs Plants Penicillin
 Others (please specify) : _____

Part III OTHER CONDITIONS (list any medical conditions not listed above)

Part IV DO YOU HAVE ANY MEDICAL RESTRICTIONS THAT MIGHT EFFECT YOUR MEDICAL TREATMENT

(D.N.R., no blood transfusion, etc., please specify and attach any applicable forms or documentation):

GIVE DATES OF IMMUNIZATIONS: Tetanus _____ Other _____

HAVE YOU HAD THE HEPATITUS B VACCINE? _____ if yes, date _____ _____ No

THIS HEALTH STATEMENT IS COMPLETED AND TRUE TO THE BEST OF MY KNOWLEDGE

Signature _____ Date: _____
Driver (parent/guardian if not 18 years old)