MKM RACING - MOJAVE MAGNUM
MEDICAL INFORMATION FORM
(each Driver or Rider must complete this form, and also an Emergency Information form)

Name: _____

Address:_____

Date of Birth: _____ Age: _____

HEALTH HISTORY: Do you have, or have you ever had, any of these:

Yes	No		Yes	No		Yes	No	
❑	❑	Asthma	❑	❑	Digestive disease	❑	❑	Head or Spinal Injuries
❑	❑	Tuberculosis	❑	❑	Muscular Disease	❑	❑	Extensive confinement by Illness or Injury
❑	❑	Kidney probs.	❑	❑	Rheumatic Fever	❑	❑	Seizures, fits, convulsions, or fainting
❑	❑	Blood-Borne Pathogens	❑	❑	Psychiatric Disorder	❑	❑	Any other nervous disorder
			❑	❑	Cardiovascular Disease	❑	❑	Any other significant diseases
❑	❑	Diabetes	❑	❑	Gastrointestinal Ulcer	❑	❑	Permanent defect from Illness/disease/injury

If answer to any of the above is yes, give details: _____

_____

Sex: _____ Height: _____ Weight: _____ Blood Type: _____

Drug Sensitivities/Allergies:_____

Current Medications: _____

Medical Alerts: _____

Name of Personal Physician or Health Care Provider (**MANDATORY**):_____

Phone Number of Personal Physician or Health Care Provider (**MANDATORY**): _____

Insurance Carrier and Policy Number: _____

Vision: Right 20/___ Left 20/____ Both 20/____ (❑With) or (❑Without) Corrective Lenses (check one)

Current conditions: Are there any current abnormalities in the following areas?
❑Hearing ❑Extremities ❑Heart Condition ❑Lungs & Chest ❑General System Condition

If any are checked, provide details: _____

(❑ I DO) / (❑ I DO NOT) (CHECK ONE) **give MKM Racing Promotions permission to release my medical information to emergency medical personnel.**

By signing this form below, I certify that the above is true and complete, and I further certify there are no physical or mental limitations to my participation in any MKM Racing Promotions, LLC event.

Participant Signature _____ Date_____