## MEDICAL INFORMATION FORM





## **TODAY'S DATE:**

\* A new copy of this form must be filled out for each race season. This form valid only for the calendar year in which it was completed.

AL INFORMATION	
	Phone:
	Email:
:	Date of Birth:
NCY CONTACT (pe	local recommended - able to make medical decisions for you):
	Phone:
	Email:
:	Relationship to you:
CE INFORMATION	ent medical insurance required to race with OMRRA & WMRRA):
npany:	Phone:
	Policy number:
:	
NFORMATION  not date:	recent surgeries, illnesses, head injury, or other medical conditions:
ergies: Yes No	mergency, I authorize the use of blood products: Yes No
gies:	tacts: Dentures: Diabetic: Epileptic: Heart Condition:
Yes No	you have an Advance Health Care Directive? Yes No
JLANCE INFORMA at Policy/ID Number: work Policy/ID Number: Policy/ID Number:	(If you do not have coverage, leave blank or write "N/A"):  Expiration Date:  Expiration Date:
A encourage all racers to maintai	ulance coverage with BOTH Airlift NW and Life Flight Networks when racing at the Ridge or Pacific. Due guaranteed for any given location or incident so having both memberships is important. Your primary
carry one copy of thi	n on your person at all times wh

Additionally, OMRRA requires a copy on file with Registration.