2020 MEDICAL INFORMATION FORM

1. PERSONAL INFORMATION:

Name:	Phone:
Address:	Email:
City, State, Zip:	Date of Birth:

2. EMERGENCY CONTACT (person – local recommended - able to make medical decisions for you):

Name:	Phone:
Address:	Email:
City, State, Zip:	Relationship to you:

3. PHYSICIAN INFORMATION:

Primary Care Physician:	Phone:
Address:	
City, State, Zip:	

4. INSURANCE INFORMATION (current medical insurance required to race with *OMRRA & WMRRA*):

Insurance Company:	Phone:
Address:	Policy number:
City, State, Zip:	Do you have Life Flight? No

*Check your policy carefully to make sure injuries sustained while motorcycle racing are covered. Don't gamble with your financial future or that of your family.

5. HEALTH INFORMATION:

Blood type: A Positive	List recent surgeries, illnesses, head injury, or other medical conditions:
Last tetanus shot date:	
Medication allergies: ☐ Yes ☐ No	In emergency, I authorize the use of blood products: ☐ Yes ☐ No
If yes, list allergies:	Contacts: ☐ Dentures: ☐ Diabetic: ☐ Epileptic: ☐ Heart Condition: ☐
Organ Donor? ☐ Yes ☐ No	Do you have an Advance Health Care Directive? ☐ Yes ☐ No

6. CONSENT AND AUTHORIZATION (for medical, hospital and/or dental services):

The undersigned, on behalf of himself, or minor if applicable, hereby authorizes and consents to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered under the general or special supervision and upon advice of a physician and surgeon licensed in the State of Oregon, Washington, or California where applicable, and does also hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered by a licensed dentist in the State of Oregon, Washington, or California where applicable. I hereby confirm consent, and agree to the foregoing.

_____ _____

Signature of Applicant **Signature of Witness**

Date **Date**

_____

Signature of Parent or Guardian **Date**

(required if applicant is under 18 years of age)

Carry one copy of this form in your leathers at all times while at the racetrack. Additionally, OMRRA and WMRRA require a copy on file with Registration when racing at their club.