International Motorcycle Speed Trials by BUB ~ Bonneville Utah

Office Use Only Filing Code: ☐☐☐☐

Medical & Emergency Information CONFIDENTIAL

Name: _____ Date: ____/____/___
Last First Middle Initial

Birth date: _____ Age: ____ Male: ___ Female: ___ Blood Type: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

Emergency Contact:

1: _____
Name phone Relationship
2: _____
Name phone Relationship

Insurance:

Company: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____Policy Number: _____

Personal Medical Information/History:

List all prescription and non- prescription medications that you are taking: _____
_____

List all Drug sensitivity and allergies (describe): _____
_____

Do you currently have any medical problems (describe)? _____
_____

Do you have a current tetanus immunization (within last 10 years) Yes __ No __

Have you ever been told you had one of the following?

Lung Disorder	Yes __ No __	High Blood Pressure	Yes __ No __
Heart Trouble	Yes __ No __	Musculoskeletal Disorders	Yes __ No __
Nervous Disorder	Yes __ No __	Diabetes	Yes __ No __
Seizures	Yes __ No __	Hepatitis	Yes __ No __
Malaria	Yes __ No __	Asthma	Yes __ No __
Hearing or vision problems	Yes __ No __		

I hereby certify that the above information is a true and correct statement of my medical information.

Signed: _____ Print name: _____Date: _____

Medical or Surgical Procedure Consent

In the case of emergency whereing I am incapable of giving concent due to illness or injury, I hearby authorize any qualified person to administer first aid and/or other necessary treatment. Further I authorize and license surgeon to perform surgery, if need for surgery is agreed upon by a qualified physician.

Signed: _____ Print name: _____ Date:_____