

2010 OFFICIALS MEDICAL INFORMATION

The Australian Racing Drivers Club offers race officials for consideration, the opportunity to provide the following information, which is to be **TOTALLY CONFIDENTIAL** and will only be available to health professionals. I.e. circuit doctors, ambulance officers, hospital staff etc. in the event of a medical emergency.

PLEASE NOTE This is not compulsory **BUT** for your own safety we implore you to fill out this form so that the best medical treatment is given ASAP.

NAME: _____

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS OF NEXT OF KIN: _____

NEXT OF KIN PHONE/S: _____ WK: _____ A/H: _____ MOBILE: _____

NAME AND ADDRESS OF YOUR GENERAL PRACTITIONER: _____

_____ PHONE: _____

BLOOD GROUP: _____ DO YOU SMOKE: YES NO

MEDICATION TAKEN PRESCRIBED BY YOUR DOCTOR: _____

ARE YOU ALLERGIC TO ANYTHING? (eg. Penicillin / Lodine): _____

DO YOU HAVE OR HAVE YOU HAD ANY MEDICAL CONDITIONS OF ILLNESSES? (please describe): _____

HAVE YOU EVER HAD ANY BROKEN BONES OR NECK INJURIES? (please list): _____

WHEN DID YOU LAST HAVE A TETNUS INJECTION? _____

Is there anything you consider relevant or important in your medical history (e.g. heart condition etc)? If so, please add below:

I understand and agree that the above information will be kept confidential and only released to a Health Professional. I agree that details of any injuries / treatment received during an Eastern Creek International Raceway event being released to a Health Professional. I further acknowledge that the Australian Racing Drivers Club Ltd cannot be held liable for the confidentiality of these records once handed to these abovementioned Health Professionals.

SIGNED: _____

DATE: _____