

# SPEED RACER 5000 RALLY

## Medical Information Form

**Please have each participant (driver and passengers)  
complete a separate copy of this form**

**Please send completed Medical Information Form to Tourmaster**

**All information collected below will be kept strictly confidential and  
will only used in the event of a medical emergency.**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

List Current Medication(s): \_\_\_\_\_  
\_\_\_\_\_

List Any Current Medical Condition including Allergies: \_\_\_\_\_  
\_\_\_\_\_

Do you Wear Contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Physician's Name: \_\_\_\_\_

Your Physician's Ph. #: \_\_\_\_\_

I certify that I have no physical or mental problems and am taking no medications, prescription or otherwise, which could jeopardize others or me if I participate in this event.

Participant's Name (print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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