

Watkins Glen Driving School Medical Form

Your Name _____

Address _____

Phone (Home) _____ (Work) _____

Date of Birth _____

I am over 18 years old Yes ___ No ___

I have a valid Drivers License Yes ___ No ___

Physical / Health Data (To facilitate emergency treatment, if necessary)

Allergies: _____

Limitations: _____

Medications: _____

In case of Emergency, notify: _____ (Name) _____ (Relationship)

Phone (Home) _____ (Work) _____

Address _____

Is this person at the Track? Yes ___ No ___

Signature: _____ Date: _____

Please fill out this form to the best of your ability, then turn it in when you get your car inspected. This information will only be used by Emergency personnel. You may seal this in an envelope, with your name clearly written on the outside, if you wish.