

# 2009 Cochrane Winter Rally Participant Medical History Form.

This form should be completed as accurately as possible and returned, with as many forms as possible for your team members, to registration in a sealed envelope with the car number and driver and co-driver names on the outside. If not used, the unopened envelope will be returned with your logbook.

Driver / Co-Driver / Service Crew (circle one)

Name:

(first, middle, last)

Date of birth:

Weight:

Known medical conditions:

Current medications:

Allergies:

Health Insurance number:

Emergency Contact:

(Name, Phone, Cel, relationship)