



USFRA DRIVERS MEDICAL FORM

ONE FORM PER DRIVER REQUIRED

CLASS: _____ VEHICLE #: _____

NAME: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

INSURANCE: _____ POLICY#: _____

PERSONAL PHYSICIAN _____ PHONE # _____

BIRTH DATE: _____ BLOOD TYPE: _____

EMERGENCY NOTIFICATION: Name: _____ phone: _____

Name: _____ phone _____

DRUGS, MEDS, ALLERGIES: _____

Conditions you have: Diabetes Pace Maker Asthma/Respiratory Problems
 Heart Disease Arrythmia Blood Problems (Anemia, Clotting Issuwa)
 Hea Injuries High Blood Pressure Seizures Other - None

Recent Surgical History: _____

Emergency Authorization: In case of emergency wherein I am incapable of giving consent due to illness or injury. I hereby authorize any qualified person to adminster first aid and/or other necessary treatment

Signed: _____ Date: _____

Emergency Surgical Authorization: In case of emergency wherein I am incapable of giving consent due to illness or injury, I hereby authorize any licensed surgeon and his choice of anesthetist to perform surgery, if necessary. The need for surgery must be agreed upon by (2) physicians qualified to make such judgement.

Signed: _____ Date: _____

Donor Authorization: In the hope that I may help others. I hereby make this anatomical gift, if medically acceptable to take effect upon my death. The words and marks below indicate my desire to give (a) any organs or parts. (b) only the following organs or parts:

Signed: _____ Witness: _____

date: _____

date: _____

