USFRA DRIVER MEDICAL FORM

Separate Form Required per Driver/Rider

VEHICLE NUMBER	
CLASS	

Name _____

DOB _____ Blood Type _____ Organ Donor **YES** / **NO**

Address _____

City _____ State _____ Zip _____

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Insurance _____ Policy # _____

Primary Care Provider _____ Phone _____

Medications _____

Allergies _____

Recent Surgeries _____

Conditions

- ☐ Diabetes
- ☐ Seizures
- ☐ Arrhythmia
- ☐ Other
- ☐ Head Injury
- ☐ Pacemaker
- ☐ High Blood Pressure _____
- ☐ Asthma/Respiratory Issues
- ☐ Heart Disease
- ☐ Blood Issues (Anemia, Clotting Issues) _____

_____ **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 administer first aid and/or other necessary treatment.

_____ **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 _____

Witness _____ Date _____