



## SUTTON STOCK CAR

**Medical Profile (must be present @ sign in)**

**Please attach your photo to upper right of this form.**

**Please complete & return via mail to: 2359 Hwy 70 SE, #110 Hickory, NC 28602**

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

### IN CASE OF EMERGENCY:

Contact # 1 \_\_\_\_\_ (Phone) \_\_\_\_\_

Contact # 2 \_\_\_\_\_ (Phone) \_\_\_\_\_

### Medical Information:

Blood Type \_\_\_\_\_ Dentures \_\_\_\_\_ Partial \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Tetanus Shot (date of last) \_\_\_\_\_

Current Medication: \_\_\_\_\_

### Allergies:

Medication: \_\_\_\_\_

Food and/or enviromental: \_\_\_\_\_

Physical Limitation: \_\_\_\_\_

Do you have? Please  Heart Problems ( ) Diabetes ( ) Asthma ( ) Spinal Problems ( )

Other \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_