**TTPBA MEDICAL INFORMATION SHEET**

Name:-…………………………………………………………………….Date:-......................................

Address………………………………………………………………………………………………………………….

Boat name…………………………………………………..Driver Throttle Navigator

D.O.B. (dd/mm/yy)…………………………………………………………………………………………………

Last tetanus shot:- (dd/mm/yy)………………………Allergies to Medication: YES NO

List if Yes:-……………………………………………………………………………………………………………..

Significant Medical History:-…………………………...........................................................

……………………………………………………………………………………………………………………………….

Blood Type:-……………… Family Doctor:-………………............... Ph#:-...………………………

Prescription Medication currently on:-…………………………………………………………………..

……………………………………………………………………………………………………………………………….

History of Seizures?:-………………………………............................. YES NO

Are you taking over the counter medication? :-………………………..…………………………..

If YES, list Medication:-...........………………………………………………………………………………..

Next of Kin:-………………………………………Relationship:-……………….Ph#:-.......................

Race contact #:-…………………….................Home contact #:-.......................................

Racer occupation:-…………………………………………………………………………………………………

Doctors Sig:-………………………………………………………… Date:-…………………………………….

Blood Pressure reading:-.............................. Vision (R)................ (L)...............

Notes……………………………………………………………………………………………………………………………………………………………………………………………………………………………………….............