

MEDICAL INFORMATION FORM



TODAY'S DATE:

* A new copy of this form must be filled out for each race season. This form valid only for the calendar year in which it was completed.

1. PERSONAL INFORMATION

Name:	Phone:
Address:	Email:
City, State, Zip:	Date of Birth:

2. EMERGENCY CONTACT (person – local recommended - able to make medical decisions for you):

Name:	Phone:
Address:	Email:
City, State, Zip:	Relationship to you:

3. INSURANCE INFORMATION (current medical insurance required to race with OMRRA & WMRRA):

Insurance Company:	Phone:
Address:	Policy number:
City, State, Zip:	

* Check your policy carefully to make sure injuries sustained while motorcycle racing are covered. Don't gamble with your financial future or that of your family.

5. HEALTH INFORMATION

Blood type:	List recent surgeries, illnesses, head injury, or other medical conditions:
Last tetanus shot date:	
Medication allergies: Yes No	In emergency, I authorize the use of blood products: Yes No
If yes, list allergies:	Contacts: ___ Dentures: ___ Diabetic: ___ Epileptic: ___ Heart Condition: ___
Organ Donor? Yes No	Do you have an Advance Health Care Directive? Yes No

5. AIR AMBULANCE INFORMATION (If you do not have coverage, leave blank or write "N/A"):

Airlift Northwest Policy/ID Number:	Expiration Date:
Life Flight Network Policy/ID Number:	Expiration Date:
Other Service Policy/ID Number:	Expiration Date:

* OMRRA and WMRRA encourage all racers to maintain air ambulance coverage with BOTH Airlift NW and Life Flight Networks when racing at the Ridge or Pacific. Due to their overlapping coverage areas, the service provider cannot be guaranteed for any given location or incident so having both memberships is important. Your primary health insurance may cover some or all of an air ambulance ride, but please verify your coverage.

**Carry one copy of this form on your person at all times while at the racetrack.
Additionally, OMRRA requires a copy on file with Registration.**