



# MEDICAL INFORMATION SHEET

**PLEASE FILL OUT COMPLETELY - PRINT / TYPE**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ BOAT # \_\_\_\_\_ BOAT NAME: \_\_\_\_\_

DRIVER  THROTTLE  NAVIGATOR

DOB: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ RELIGION \_\_\_\_\_

LAST TETANUS SHOT: \_\_\_\_\_ ALLIGIES TO MEDICATION  YES  NO

LIST IF YES: \_\_\_\_\_

SIGNIFICANT MEDICAL HISTORY? \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRESCRIPTION MEDICATION CURRENTY ON: \_\_\_\_\_

HISTORY OF SEIZURES: YES  NO

ARE YOU TAKING OR HAVE EVER TAKEN CORTISONE OR STERIODS: YES  NO

ARE YOU TAKING ANY OVER THE COUNTER MEDICATION AT THIS TIME: YES  NO

IF YES, LIST NAME OF MEDICATION: \_\_\_\_\_

DO YOU HAVE INSURANCE: YES  NO

INS.COMPANY \_\_\_\_\_ POLICY NO: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PH#: \_\_\_\_\_

RACE CONTACT: \_\_\_\_\_ RACE PHONE: \_\_\_\_\_

MARRIED  SINGLE  RACER OCCUPATION: \_\_\_\_\_

RACER EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONSENT FOR TREATMENT: YES  NO

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## **JUST SAY NO TO DRUGS AND ALCOHOL!**

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