



NJMP USE ONLY
MEMBER NUMBER

2008 MEDICAL CARD

PLEASE TYPE OR PRINT CLEARLY

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ DATE OF LAST TETANUS _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

BLOOD TYPE _____ ALLERGIES _____

CURRENT MEDICATION _____

MEDICAL CONDITIONS _____

DO YOU WEAR CONTACTS? _____

LIST ALL MAJOR ILLNESS OR SURGERIES IN THE PAST 12 MONTHS _____

PRIMARY DOCTOR _____ PHONE # _____

EMERGENCY CONTACT _____ PHONE # _____

I, the undersigned, hereby certify that I have no known mental or physical impairments that could jeopardize me or others, OR prevent me from participating in Drivers Club Motorsports Events.

SIGNATURE _____ **DATE** _____