



## **OPA RACING, LLC.**

**799 Route 70  
Brick, NJ 08723  
732-920-3945**

### **2008 MEDICAL INFORMATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BOAT NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **BLOOD TYPE:** \_\_\_\_\_ **SS #** \_\_\_\_\_

**DATE WHEN LAST RECEIVED TETANUS SHOT** \_\_\_\_\_

**ANY ALLERGIES TO MEDS? IF YES PLEASE LIST** \_\_\_\_\_

**PRESCRIPTION MEDS CURRENTLY ON?** \_\_\_\_\_

**DOCTOR: PHONE #:** \_\_\_\_\_ **MEDICAL HISTORY:** \_\_\_\_\_

**HISTORY OF SEIZURES?** \_\_\_\_\_ **TAKEN/ING CORTISONE/STEROIDS** \_\_YES\_\_NO

**CURRENT OVER THE COUNTER MEDICATIONS?** \_\_\_\_\_YES \_\_\_\_\_NO

**IF YES, PLEASE LIST:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **POLICY#** \_\_\_\_\_

**NEXT OF KIN: RELATION:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**WHO CAN CONSENT FOR TREATMENT?** \_\_\_\_\_

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