

2024

Car No. \_\_\_\_\_

**Sandhills Out Reach Charity, Inc.**

**MEDICAL INFORMATION FORM (DRIVER)**

**MUST BE COMPLETED BY ALL DRIVERS**

**Driver Name:** \_\_\_\_\_

**HEALTH HISTORY**

**Please check all that apply.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Bleeding disorder       | <input type="checkbox"/> Hypoglycemic event last 12 months        |
| <input type="checkbox"/> Tuberculosis                    | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Seizures, fits, convulsions, or fainting |
| <input type="checkbox"/> Kidney disease                  | <input type="checkbox"/> Cardiovascular disease  | <input type="checkbox"/> Permanent defect from illness/disease    |
| <input type="checkbox"/> Nervous or Psychiatric disorder | <input type="checkbox"/> Head or spinal injuries |   |

If YES to any of the above, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take blood thinners? ☐ Yes ☐ No If yes Medication Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Allergies/Drug Sensitivities: \_\_\_\_\_

Normal Abnormal

☐  
☐☐  
☐

Vision  
Hearing

Normal Abnormal

☐  
☐☐  
☐

Heart condition  
Lungs & Chest

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of personal Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

*In the event of an emergency, please contact:*

Name & Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Emergency Contact at SORC events:** Name & Phone No: \_\_\_\_\_

I do \_\_\_\_\_ give SORC permission to release my medical information/physical form to emergency personnel.

I certify that the above is true and complete and further certify that there is no reason physically or mentally that would preclude me from participating and driving in the SORC events.

Driver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will you be Navigating at any point? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes which Race and Leg? \_\_\_\_\_

2024

Car No. \_\_\_\_\_

**Sandhills Out Reach Charity, Inc.**

**MEDICAL INFORMATION FORM (NAVIGATOR)**

*(Good until Driver makes changes)*

**MUST BE COMPLETED BY ALL NAVIGATORS**

**Navigator Name:** \_\_\_\_\_

**HEALTH HISTORY**

**Please check all that apply.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Bleeding disorder       | <input type="checkbox"/> Hypoglycemic event last 12 months        |
| <input type="checkbox"/> Tuberculosis                    | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Seizures, fits, convulsions, or fainting |
| <input type="checkbox"/> Kidney disease                  | <input type="checkbox"/> Cardiovascular disease  | <input type="checkbox"/> Permanent defect from illness/disease    |
| <input type="checkbox"/> Nervous or Psychiatric disorder | <input type="checkbox"/> Head or spinal injuries |   |

If YES to any of the above, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take blood thinners? ☐ Yes ☐ No If yes Medication Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Allergies/Drug Sensitivities: \_\_\_\_\_

Normal	Abnormal	Normal	Abnormal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vision		Heart condition
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Lungs & Chest

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of personal Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

*In the event of an emergency, please contact:*

Name & Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Emergency Contact at SORC events:** Name & Phone No: \_\_\_\_\_

I do \_\_\_\_\_ give SORC permission to release my medical information/physical form to emergency personnel.

I certify that the above is true and complete and further certify that there is no reason physically or mentally that would preclude me from participating and driving in the SORC events.

Navigator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will you be Driving at any point? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes which Race and Leg? \_\_\_\_\_