

Sandhills Out Reach Charity, Inc.**MEDICAL INFORMATION FORM (DRIVER)****MUST BE COMPLETED BY ALL DRIVERS****Driver Name:** _____**HEALTH HISTORY****Please check all that apply.**

- | | | |
|--|--|---|
| ☐ Asthma | ☐ Bleeding disorder | ☐ Hypoglycemic event last 12 months |
| ☐ Tuberculosis | ☐ Diabetes | ☐ Seizures, fits, convulsions, or fainting |
| ☐ Kidney disease | ☐ Cardiovascular disease | ☐ Permanent defect from illness/disease |
| ☐ Nervous or Psychiatric disorder | ☐ 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? _____

2025

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.

- | | | |
|--|--|---|
| ☐ Asthma | ☐ Bleeding disorder | ☐ Hypoglycemic event last 12 months |
| ☐ Tuberculosis | ☐ Diabetes | ☐ Seizures, fits, convulsions, or fainting |
| ☐ Kidney disease | ☐ Cardiovascular disease | ☐ Permanent defect from illness/disease |
| ☐ Nervous or Psychiatric disorder | ☐ 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
☐	☐	☐	☐
	Vision		Heart condition
	Hearing		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? _____