



CONFIDENTIAL MEDICAL INFORMATION

All drivers are requested to complete this form for our Doctor to have some information to help him if any treatment has to be given during the event to you, delete as you feel appropriate and giving as much detail as possible will help. Please write or type clearly.

This will be treated in strict confidence and will only be used in the event of accident or injury when appropriate details may be released to another doctor or EASR 2011 Senior Official if necessary.

If you wish to discuss anything or have any problems please contact Dr Harj Chaggar

E-mail the form below to:

Dr Harj Chaggar
E-mail drharjchaggar@hotmail.co.uk

**EAST AFRICAN SAFARI RALLY 2011
MEDICAL INFORMATION SHEET**

Car Number

DETAILS OF DRIVER

SURNAME	
FORENAMES	
TELEPHONE NUMBERS	WORK:
EMAIL:	MOBILE:

NEXT OF KIN (to be contacted in case of a serious accident only)

NAME (in full)			
RELATIONSHIP TO DRIVER			
TELEPHONE NUMBERS	WORK:		
HOME:	MOBILE:		

TEAM MANAGER or SERVICE CREWS MANAGER

NAME			
HOME:	MOBILE:		



DRIVER INFORMATION

WEIGHT	kg./	st.lb.
HEIGHT	cm/	ft.in
BLOOD GROUP (if known)		
RIGHT OR LEFT HANDED?		

DO YOU WEAR CONTACT LENSES?	YES / NO
If so are they hard or soft?	

DO YOU SMOKE?	YES / NO
---------------	----------

DO YOU TAKE ANY DRUGS PRESCRIBED BY YOUR DOCTOR?	YES / NO
Please list:	

ARE YOU ALLERGIC TO ANYTHING (e.g. PENICILLIN / IODINE)?	YES / NO
Please list:	

HAVE YOU HAD ANY ANAESTHETIC PROBLEMS?	YES / NO
If there were please state what	

DO YOU HAVE ANY NECK/BACK PROBLEMS OR HAD ANY NECK/BACK INJURIES?	YES / NO
If so please list	

HAVE YOU HAD AN ANTI-TETANUS INJECTION?	YES / NO
If so please list year	

Medical Sheet Declaration:

I understand that the above information will remain confidential and only be released to another doctor or EASR 2011 Senior Official if considered necessary. I also agree to information from another doctor / hospital being released to Dr Harj Chaggar in the event of an accident or injury.

Driver's Signature:

Date: