2026 Car No. _____

Sandhills Out Reach Charity, Inc.

MEDICAL INFORMATION FORM (DRIVER)

(Good until Driver makes changes)

MUST BE COMPLETED BY ALL DRIVERS

Driver Name: _____

HEALTH HISTORY

Please check all that apply.

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

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.

Driver signature: _____ Date: _____

Will you be navigating at any point? Yes_____ No_____

If yes which Race and Leg? _____

2026 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
- ☐ Tuberculosis
- ☐ Kidney disease
- ☐ Nervous or Psychiatric disorder
- ☐ Bleeding disorder
- ☐ Diabetes
- ☐ Cardiovascular disease
- ☐ Head or spinal injuries
- ☐ Hypoglycemic event last 12 months
- ☐ Seizures, fits, convulsions, or fainting
- ☐ Permanent defect from illness/disease

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? _____