## Southern California Timing Association

<b>Medical Information</b>	Entry	No
Name	Age	
Address		Check one No Yes
		Contact lens
City	StateZIP	
Support Crew at Event		Asthmatic Diabetic
Name	Phone	Pace Maker
		Epileptic
Name	Phone	
Name	Phone	Hearing Impaired
		- Hypertension Pregnant
	Yes If yes, complete below	Allergies
Carrier	ID No	If Yes, Please lis <b>r</b>
Group	_ Subscriber	_
Emergency Contact		
Name	Relation:	
Phone	2 <sup>nd</sup> Phone	
Alternate Contact Name	P	Phone
Medical Information		
Physician:	Phone	
Date of: Last Tetanus shot _	Last Exam	1
Prescription Medication Pleas	se list	
Allergies to medications		
Past surgical history:		
Other Medical Issues: Check	all that apply	
Insulin Dependent Diabetic	Blood problems – anemia	Other special needs -List
Heart Disease	Blood problems - clotting difficulties	
High Blood Pressure	Musculoskeletal problems  Malignancy	_
Respiratory Problems Previous head injuries	Seizure disorder	-
due to illness or injury, I authorize further authorize any licensed sure two (2) physician's judgment.	/ Care: In case of an emergency, where any qualified person to administer first aid geon to perform life-saving surgery, if the i	and/or other necessary treatment.
Signed	Date	