

MEDICAL QUESTIONNAIRE

DRIVER'S MEDICAL

The information requested is strictly confidential. This has nothing to do with the MSA. Please be honest with your answers - *it is for your safety only* - Should it be needed. Please fill in the form and put it in a sealed envelope, with your name and possibly your car registration number on the outside. **Immediately** after the rally these sealed envelopes will be destroyed. Please help us to help you.

DRIVERS NAME	
DRIVERS'S ADDRESS	
BLOOD GROUP	
AGE	
MAKE/MODEL	
CAR REGISTRATION	
DATE OF LAST MEDICAL	
OWN DOCTOR:	
PREVIOUS MEDICAL PROBLEMS*	
HIGH BLOOD PRESSURE	*Yes/No
NAME OF MEDICATION	
HEART DISEASE/ANGINA	*Yes/No
NAME OF MEDICATION	
DIABETES	*Yes/No
NAME OF MEDICATION	
EPILEPSY	*Yes/No
NAME OF MEDICATION	
ASTHMA/BRONCHITIS	*Yes/No
NAME OF MEDICATION	
ARE YOU A SMOKER?	*Yes/No
OPERATIONS (Within the last year)	
PLEASE NOTE ANY OTHER MEDICATIONS: ie Inhalers etc	
ALLERGIES	

NB: If you are wearing someone's suit please tape over the name and blood group.

*Delete where appropriate throughout