

## MEDICAL QUESTIONNAIRE

### **CO-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.

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

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

\*Delete where appropriate throughout