|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| **A's R US Confidential Medical Form** | | | | Date Filled Out: | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Last NAME: |  |  |  | First Name: | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | DOB: (mo/date/yr): | |  |  |  | Age: |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | SSN: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Name of Emergency Contact: | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Phone of Emergency Contact: ( ) | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Name of Primary Health Physican: | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Phone Number of Primary Health Physican: ( ) | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **List Medications and Dosage Below** | | | |  |  |  |  |  |  |
|  |  | Name |  |  | Dosage in Mg | | How Often Taken | |  |  |
|  | #1 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #3 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #4 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #5 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **List any Allergies or Medications of Which You are Allergic Below:** | | | | | | | |  |  |
|  | #1 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #3 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #4 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | List Any Serious Diseases That You Have (Diabetes, Cancer, Heart, Thyroid, Etc) Below | | | | | | | |  |  |
|  | #1 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | #3 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | It is understood that the information contained within this form is to kept confidential | | | | | | | |  |  |
|  | UNLESS a medical situation develops during the course of an activity being conducted by | | | | | | | |  |  |
|  | the A's R US car club that necessitates the release of this information to medical personnel. | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Signature: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |