



Located 1 mile West of the Twin Falls Airport
Mailing: 195 River Vista Place #204 TF ID 83301
(208) 734-3700 Fax #: (208) 324-9616
mvsashley@yahoo.com

DRIVER HEALTH QUESTIONNAIRE

Name (Print): _____ DOB: _____

Current Medication(s):

Current Health Issues:

Medical Allergies: _____

MALE FEMALE

Blood Type: _____

Family Dr.: _____ Insurance Provider: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Authorization for use or disclosure of protected health information

I, _____, understand that my health information will be released ONLY in the case of an emergency and will ONLY be released to those in charge of my care.

Magic Valley Speedway may not release this information without your authorization. Your signature below, allows Magic Valley Speedway to do so, again, only in the case of an emergency.

Signature: _____ Date: _____

Witness: _____ Date: _____