



## 2022 Oswego Speedway Participant Medical Form

Participant Name:	Division:
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Street Address:	City, State, Zip:
Date of Birth:	Age:
Social Security Number:	Phone Number:
Emergency Contact:	Emergency Contact Phone Number:

Please List Past Medical History Below:

Hypertension     Seizures     COPD     Stroke     Diabetes     Cardiac     Asthma

Concussion or Head Injury     Back or Spinal Injuries     Broken Bones     Other

Please list any current medications you are taking -

Please list any medication allergies -

Signature:	Date:
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Oswego Speedway, PO Box 3043, 300 East Albany Street, Oswego NY 13126

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