



**2023 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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