

Date _____

Membership # _____

Eastern VA Jeepers

Health Information Sheet

Please use back of form for additional information and make sure a copy is kept in your vehicle at all times during club activities.

<u>Driver Information</u>				
Last Name	First Name	Middle Initial		
Address		City	State	Zip Code
Date of Birth	Age	Male Female	Phone number w/ area code	
Medications: List all prescription medications and/or over the counter medications that you are now taking. Include the dosage and the number of times a day you take them.				
Health Issues				
Insurance	Policy Holder's Name	Insurance ID #		
Family Physician			Physician phone #	
Emergency contact	Relationship	Phone #	Alternate Phone #	
<u>Passenger Information</u>				
Last Name	First Name	Middle Initial		
Address		City	State	Zip Code
Date of Birth	Age	Male Female	Phone number w/ area code	
Medications: List all prescription medications and/or over the counter medications that you are now taking. Include the dosage and the number of times a day you take them.				
Health Issues				
Insurance	Policy Holder's Name	Insurance ID #		
Family Physician			Physician phone #	
Emergency contact	Relationship	Phone #	Alternate Phone #	

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<u>Passenger Information</u>				
Last Name	First Name	Middle Initial		
Address		City	State	Zip Code
Date of Birth	Age	Male Female	Phone number w/ area code	
Medications: List all prescription medications and/or over the counter medications that you are now taking. Include the dosage and the number of times a day you take them.				
Health Issues				
Insurance	Policy Holder's Name		Insurance ID #	
Family Physician			Physician phone #	
Emergency contact	Relationship	Phone #	Alternate Phone #	
<u>Passenger Information</u>				
Last Name	First Name	Middle Initial		
Address		City	State	Zip Code
Date of Birth	Age	Male Female	Phone number w/ area code	
Medications: List all prescription medications and/or over the counter medications that you are now taking. Include the dosage and the number of times a day you take them.				
Health Issues				
Insurance	Policy Holder's Name		Insurance ID #	
Family Physician			Physician phone #	
Emergency contact	Relationship	Phone #	Alternate Phone #	