2015 MEDICAL-RESCUE FORM

OFFSHORE POWERBOAT ASSOCIATION
799 Route 70 East, Brick Township, NJ 08723

BOAT NAME_____

RACER NAME:_____

BOAT #_____ **RACER'S POSITION:**_____

BOAT CLASS:_____ **HULL COLOR**_____

HULL STYLE: _____ **COCKPIT:** _____

DOB _____ **WEIGHT**_____ **BLOOD TYPE:**_____ **LAST TETANUS SHOT**_____

PAST MEDICAL HISTORY_____

MEDICATIONS_____

ALLERGIC TO ANY MEDICATIONS? _____

HISTORY OF SEIZURES? ☐ **YES** ☐ **NO** **TAKEN/ING CORTISONE/STEROIDS** ☐ **YES** ☐ **NO**

EMERGENCY CONTACT:_____**PHONE:**_____

LIST ANY OTHER SPECIFICS FOR RESCUE PERSONNEL:

_____

OPA USE ONLY

Race	Date	BP	Pulse	Breathalyzer	Time	BAC	Time	Signature: Consent for Treatment