



DRIVER HEALTH QUESTIONNAIRE

1. Name _____ 2. Date of Birth _____
3. Male/Female _____ 4. Health Problems _____
5. Current Rx. Medications _____
6. Med. Allergies _____ 7. Blood Type _____
8. Emergency Contact _____
9. Family Doctor (optional) _____
10. Insurance Provider (opt.) _____

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.

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) and California law, the "SPEARS SRL Southwest Tour Series" may not release your health information without your authorization. Your signature allows the "SPEARS SRL Southwest Tour Series" to do so, again, only in the case of an emergency.

Signature _____ Date _____