BLUEBAND FMSCI INDIAN NATIONAL RALLY CHAMPIONSHIP

18th - 20th SEPTEMBER, 2026

BLUEBAND SPORTS

RALLY OF COIMBATORE

ROUND 2 OF THE FMSCI INRC 2026

MEDICAL HISTORY FORM

Comp. No : _____

DRIVER : _____Blood Group : _____

Co – DRIVER: _____Blood Group : _____

The following information is required as a precautionary measure in case of emergency.

Please specify

PARTICULARS	DRIVER	Co-DRIVER
DIABETES	YES/NO	YES/NO
FAMILY HISTORY	YES/NO. IF YES MOTHER / FATHER	YES/NO. IF YES MOTHER/FATHER
HYPER TENSION	YES/NO	YES/NO
FAMILY HISTORY	YES/NO. IF YES MOTHER / FATHER	YES/NO. IF YES MOTHER/FATHER
CARDIAC DISEASE	YES/NO	YES/NO
FAMILY HISTORY	YES/NO. IF YES MOTHER / FATHER	YES/NO. IF YES MOTHER/FATHER
ASTHMA	YES/NO	YES/NO
FAMILY HISTORY	YES/NO. IF YES MOTHER / FATHER	YES/NO. IF YES MOTHER/FATHER
EPPILEPSY	YES/NO	YES/NO
FAMILY HISTORY	YES/NO. IF YES MOTHER / FATHER	YES/NO. IF YES MOTHER/FATHER
ANY DRUG ALLERGIES	YES/NO. IF YES PLEASE SPECIFY	YES/NO. IF YES PLEASE SPECIFY
Signature with Date		