

Emergency Medical Data

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First EXAMPLE ONLY			Initial			Last			Home Phone 123-456-7898		Mobile Phone 123-456-7899		
Street My Street				City My City				State My State			Zip My Zip		
DOB 02/21/1846		Male/Female M	Weight 162	Height 5' 11'	Ethnic Caucassian	Hair Color Brown	Eye Color Blue	Blood Type O+		Religion NA			
Hearing Impaired Some		Visually Impaired No		Speech Impaired No		Mobility Impaired No		Dentures No		Primary Language English			
No-CPR/DNR Yes		Healthcare POA Yes		Living Will Advance Directive Yes		Location of these Forms Bottom drawer hallway desk			Hospital Choice Your choice or Other				
Emergency Contact First Last			Phone 123-456-9878			Address 123 Any Street				Relationship Spouse			
Doctor Dentist, surgeon or any medical agency emergency personnel might need to contact			Phone			Address			Specialty				
Doctor			Phone			Address			Specialty				
Doctor			Phone			Address			Specialty				
Allergies, food, environmental, chemical, latex												Adhesive tape, Codeine, Latex, Penicillin, Morphine, Sulfa, Aspirin, Insects, Barbiturates, Novocaine, etc	
Medication Simvastatin		Dosage 80 mg		Frequency 1 X day		Medication Aspirin		Dosage 81 mg		Frequency 1 X day			
Medication Insulin		Dosage 6mg		Frequency 1X Day		Medication Victosa		Dosage 1.2mg		Frequency 1 X Day			
Medication Pepcid AC (Acid Reflux)		Dosage 1 X day		Medication Glucosamine + Chondroitin + MSM									
Medication Lisinopril (Prinivil)		Dosage 5 mg		Frequency 1 X day									
Surgeries Knee, Heart, Kidney, two broken arms, busted foot,													
Recent Injuries Concussion as child, back injury,													
Health Conditions Debilitates/Insulin dependent, Abnormal EKG, Low blood pressure, Bleeding disorder, Seizures													
Implants, stints, breast, pacemaker, insulin pump, knee/hip replacement Hips, Knees, Breast, Stint, Pacemaker													
Vaccinations Pneumonia 05/2012, Shingles 01/2014, Tetanus 02/2001, Influenza 10/2016													
COVID Vaccinations Type Pfizer 1st 3/01/2020 2nd 3/20/2020 Booster 6/10/2020 Additional No													
Healthcare Insurance Insurance Company and any supplemental insurance like Medicare or Medicaid, etc.													
Parent or legal guardian:								Form updated on: 01/07/2022					