Emergency Medical Data

Instructions

This 5-minute task could save your life!

Download this pdf file to a folder of your choice.

Right Mouse

- Chrome: Save Link As
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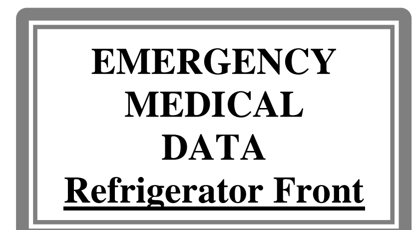
- Firefox: Save Link As
- IE: Save Target As
- Safari : Download Linked File

1. Caution do not save the EMD sheet from your browser, it may not save correctly. Instead, save using your PDF reader.
2. Complete a form for every family member and save it for reference and changes.
3. Print a sufficient number of copies for your selected locations, refrigerator, vehicles, go-bag, workout-bag, hiking/cycling bag, purse, billfold, laptop bag, briefcase, suitcase, travel bag and at work. Consider other locations where you might be without the EMD.
4. Update anytime important information has changed.
5. Place the EMD on the outside of your refrigerator using a refrigerator magnet or in an envelope marked "Emergency Medical Data." A magnet will not work on stainless steel. As alternate; insert the EMD in a sealed plastic bag and place on the top shelf inside the refrigerator. Consider including your Health Care Power of Attorney and the No-CPR or DNR (Do Not Resuscitate) form if you have one. The refrigerator is a known location in most homes and businesses, and easy to locate. Ask your local Fire/EMS for their preferred location. The EMD may contain sensitive information about a patient. To restrict visibility and provide privacy, fold the EMD in half and stop at the "fold-line".

6. Place a copy of the (EMD) in the glove compartment box for each vehicle you own and for each member of the family. First responders often look there in a vehicle accident.
7. Carry a copy in your purse, wallet, backpack, laptop bag, briefcase, suitcase, golf bag, travel bag, baby pack, etc.
8. Tell friends you have this EMD form and their locations.
9. Have copies of your Health Care Power of Attorney and the No-CPR or DNR (Do not resuscitate) form in the same location as your EMD. Responders will not know you have these forms if you do not list them here and make them readily available.
10. Consider adding a note to your front door window announcing the EMD is on or in the refrigerator.



Additional info at www.911ready.org

Emergency Medical Data

-- fold to this line --

First	Initial	Last	Home Phone	Mobile Phone

Street	City	State	Zip

DOB	Male/Female	Weight	Height	Ethnic	Hair Color	Eye Color	Blood Type	Religion

Hearing Impaired	Visually Impaired	Speech Impaired	Mobility Impaired	Dentures	Primary Language

No-CPR/DNR	Healthcare POA	Living Will Advance Directive	Location of these Forms	Hospital Choice

Emergency Contact	Phone	Address	Relationship

Doctor	Phone	Address	Specialty
Doctor	Phone	Address	Specialty
Doctor	Phone	Address	Specialty

Allergies, food, environmental, chemical, latex

Medication	Dosage	Frequency
Medication	Dosage	Frequency
Medication	Dosage	Frequency
Medication	Dosage	Frequency

Surgeries

Recent Injuries

Health Conditions

Implants, stints, breast, pacemaker, insulin pump, knee/hip replacement

Vaccinations

COVID Vaccinations Type_____________ 1st __________ 2nd__________ Booster_________ Additional __________

Healthcare Insurance

Parent or legal guardian:	Form updated on:

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This page is for	
Medical Condition	**Allergies**
☐ No known Conditions	☐ None
☐ Abnormal EKG	☐ Adhesive tape
☐ Adrenal Insufficiency	☐ Aspirin
☐ Alzheimer's	☐ Barbiturate
☐ Angina	☐ Codeine
☐ Asthma	☐ Demerol
☐ Bipolar	☐ Environmental
☐ Bleeding Disorder	☐ Food
☐ Cardiac Dysrhythmia	☐ Horse Serum
☐ Cataracts	☐ Insect Stings
☐ Clotting Disorder	☐ Iodine
☐ Coronary Bypass Graft	☐ Latex
☐ Dementia	☐ Lidocaine
☐ Diabetes/Insulin Dependent	☐ Morphine
☐ Epilepsy	☐ Novocain
☐ Eye Surgery	☐ Penicillin
☐ Glaucoma	☐ Sulfa
☐ Hearing Impaired	☐ Tetracycline
☐ Hemolytic Anemia	☐ X-ray Dyes
☐ High Blood Pressure	☐ Other
☐ Hemodialysis	☐ Other
☐ Hypoglycemia	☐ Other
☐ Laryngectomy	**History of**
☐ Leukemia	☐ Cancer
☐ Low Blood Pressure	☐ Contacts
☐ Lymphomas	☐ Diabetes
☐ Memory Impaired	☐ Dentures
☐ Myasthenia Gravis	☐ Glasses
☐ Pacemaker	☐ Heart Disease
☐ Renal Failure	☐ Kidney Disease
☐ Seizure Disorder	☐ Psychological
☐ Sickle Cell Anemia	☐ Stroke TIA
☐ Stroke	☐ Other
☐ Vision Impaired	☐ Other
☐ Other	**Replacement** ☐ Hips ☐ Knees ☐ Other
Immunization Date	**Implant** ☐ Breast ☐ Metal ☐ Stint
Hepatitis ☐ A ☐ B	☐ Other
☐ Influenza(flu shot)	☐ Other
☐ Pneumonia ☐ Shingles	☐ Other
☐ Meningitis ☐ Tetanus	☐ Other
☐ Chickenpox shot or Illness	☐ Other
☐ Tetanus & Pertussis	☐ Other
☐ Other	☐ Other

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