

KEEP INFORMATION UP TO DATE!!

REVIEW AT LEAST EVERY SIX MONTHS!!

DATA REVIEWED AS OF

NAME: _____ SEX: M F

ADDRESS: _____

DATE OF BIRTH: _____ PHONE #: _____

EMERGENCY CONTACTS

NAME: _____ PHONE #: _____

ADDRESS: _____

NAME: _____ PHONE #: _____

ADDRESS: _____

ALLERGIES

MEDICATIONS

DOSAGE

MEDICAL HISTORY

- A-FIB
- ASTHMA
- CANCER
- DEMENTIA
- DIABETES
- COPD
- OTHER: _____
- DIALYSIS
- HIGH BLOOD PRESSURE
- PACEMAKER
- SEIZURE DISORDER
- STROKE
- CARDIAC

BLOOD THINNERS

YES NO

For additional copies go to <https://www.northbrook.il.us/258/Fire>

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