



After you download this form, type your information in the fields provided, then print out copies. It's a good idea to carry one with your driver's license or photo ID, keep one in the glove compartment of your car, and give one to someone close to you.

Personal Medical Information



NAME

DATE OF BIRTH

ADDRESS

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FOLD
HERE

MEDICAL CONDITION I.E., HEART MURMUR, DIABETES, PACEMAKER, JOINT REPLACEMENTS...

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DRUG ALLERGIES

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CHEMICAL INTOLERANCES

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HEIGHT WEIGHT

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| MEDICATION | DOSE | HOW OFTEN |
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VITAMINS, SUPPLEMENTS & OVER-THE-COUNTER MEDICINES

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FOLD
HERE

SURGERIES & DATES

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PRIMARY CARE PHYSICIAN



EMERGENCY CONTACT PERSON



ADVANCE DIRECTIVE YES NO

CUT ALONG EDGE

