East Dundee Fire District
Emergency Medical Information

Date Updated:_____

Name:_____

Address:_____

Phone:_____

Sex: Male Female Date of Birth:_____

Doctor:_____ Doctor Phone:_____

Preferred Hospital: _____

EMERGENCY CONTACTS

Name:_____ Phone:_____

Address: _____

Name:_____ Phone:_____

Address: _____

MEDICAL CONDITIONS

- ☐ No known medical conditions
- ☐ Asthma
- ☐ Cancer Type:
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Dementia ☐ Alzheimer's
- ☐ Diabetes Type:_____
- ☐ Hypercholesterolemia
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ Glaucoma
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Pacemaker/Implanted Defib
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Stroke/TIA
- ☐ Heart Problems
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Any Special Conditions? _____

_____

_____

Do you have an EMS-NO CPR Directive or a DNR form?
☐Yes ☐No
Where is it located? _____

MEDICATIONS

Medication	Dosage	Frequency

ALLERGIES

- ☐ No Known Allergies
- ☐ Aspirin
- ☐ Penicillin
- ☐ Sulfa
- ☐ X-Ray Dye
- ☐ Morphine
- ☐ Latex
- ☐ Environmental_____
- _____
- _____

_____
_____
_____
_____
_____
_____
_____
_____

Pharmacy:_____ Phone:_____

Blood Type:_____ Religion:_____

Health Care Proxy on file at:_____

Living Will on file at:_____

MEDICAL INSURANCE

Med Ins Co:_____ Policy #:_____

Med Ins Co:_____ Policy #:_____

Medicaid #: _____ Medicare#:_____