

**TIVERTON FIRE DEPARTMENT  
RESCUE**

**REFRIGERATOR CARD**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Whom To Contact Name & Phone #:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Doctor's Name : \_\_\_\_\_

Doctor's Phone : \_\_\_\_\_

Health Care Plan : \_\_\_\_\_

Healthcare ID #: \_\_\_\_\_

Date Card Completed: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Allergies to Meds: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical History : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Baseline Vital Signs                      SPO<sup>2</sup> \_\_\_\_\_

B/P \_\_\_\_\_ / \_\_\_\_\_ HR \_\_\_\_\_ Resp. \_\_\_\_\_

**Over For Medications**

