LYON TOWNSHIP FIRE DEPARTMENT

KEEP INFORMATION UP TO DATE

Name: Sex (circle one): M F

Address:

Phone Number: Date of Birth: / /

EMERGENCY CONTACTS

Name: Home Phone:

Address: Cell Phone:

Relationship: Work Phone:

Name: Home Phone:

Address: Cell Phone:

Relationship: Work Phone:

MEDICAL DATA

(use pencil for ease of making changes)

LASTED UPDATED - Month : YEAR: Blood Type:

Doctor Name: Phone Number:

Preferred Hospital:

MEDICATION	DOSAGE	FREQUENCY

RECENT SURGERY: Date:

Living Will on file at:

Heath Care Proxy on file at:

Do you have an EMS-NO CPR Directive or DNR form? (circle one) Yes No

If yes, where is it located? (It *MUST* be you with you at all times)

MEDICAL CONDITIONS

(check all that exist)

- □ No known medical conditions
- □ Abnormal EKG
- □ Adrenal Insufficiency
- □ Alzheimer's
- □ Angina
- □ Asthma
- □ Bleeding Disorder
- □ Cancer
- □ Cardiac Dysrhythmia
- □ Cataracts
- □ Clotting Disorder
- □ Coronary Bypass Graft
- □ Dementia
- □ Diabetes/Insulin Dependent
- □ Eye Surgery
- □ Glaucoma
- □ Hearing Impaired
- □ Heart Valve Prosthesis
- □ Hemodialysis
- □ Hemolytic Anemia
- □ Hepatitis - Type ( )
- □ Hypertension
- □ Hypoglycemia
- □ Leukemia
- □ Lymphomas
- □ Memory Impaired
- □ Myasthenia Gravis
- □ Pacemaker
- □ Renal Failure
- □ Seizure Disorder
- □ Sickle Cell Anemia
- □ Stroke
- □ Tuberculosis
- □ Vision Impaired
- □ Other :

Special Conditions/Remarks:

ALLERGIES

- □ None Known
- □ Aspirin
- □ Babiturate
- □ Codeine
- □ Demerol
- □ Horse Serum
- □ Insect Stings
- □ Latex
- □ Lidocaine
- □ Morphine
- □ Novocaine
- □ Penicillin
- □ Sulfa
- □ Tetracycline
- □ X-Ray Dyes
- □ Evironmental:
- □ Other:

MEDICAL INSURANCE

Medical Insurance Company:

Policy Number:

Other Medical Insurance Company:

Policy Number:

Medicaid Number: Medicare Number: