

MEDICAL INFORMATION

Date Completed _____

FIRST NAME			INITIAL		LAST NAME			SOCIAL SECURITY NUMBER			
STREET				CITY			ZIP		TELEPHONE NUMBER		
DATE OF BIRTH	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION				
List hearing difficulties					Dentures Upper Lower		Unable to Speak <input type="checkbox"/>				
List vision difficulties											
					Native Language:						
Identifying Marks											
Current Medical Conditions											
Current Medications: Dosage & Frequency											
Allergies to Medications, Food Ingredients, etc.											
Doctor's Name & Telephone Number											
Last Hospitalization/Surgery (what completed and when?)											
Special Instructions; such as health directives, etc.											
Health Insurance Policy											

Emergency Contact Notification – Name – Address – Phone - Relationship	

Any additional information you would like to share:

PLACE IN BAG OR FILE OF LIFE MAGNETIC SLEEVE AND ON REFRIDGERATOR DOOR – PLEASE
PRINT CLEARLY

Instructions

- Make additional copies of this form in case you need to update it. Additional copies of the form can be found at www.co.sherburne.mn.us/sheriff/community/medInfo.php
- Complete the form.
- Place the form in a plastic baggie or File of Life magnet packet. Label it **MEDICAL INFORMATION**. You may want to consider placing additional information in the bag for responders; such as an additional medication sheet, a copy of an EKG, Living Will or Equivalent, DNR, and a recent picture of self.
- Place the baggie on the front of the refrigerator door. Place it at eye level so that anyone responding to a medical emergency can find complete medical information.
- Remember to update the file as your information changes.