



**Emergency Medical Technician – Tactical
EMERGENCY MEDICAL INFORMATION FORM**

1. Name _____ 2. Date _____
 3. Position _____ 4. DOB _____ 5. Religion _____
 6. Office Address _____ Phone _____

7. Work Address _____ Phone _____
 8. Name of Next of Kin _____ Phone _____
 (who knows the most about your medical history)

9. Address _____

10.

Allergy	Reaction

11. Name of Physician _____ Phone _____

12. Name of Dentist _____ Phone _____

13. Do you wear a medical alert bracelet Yes No If Yes, For What ? _____

14. Year of last tetanus shot ? _____ Year of last Hepatitis A vaccine ? _____
 Year of last Hepatitis B vaccine? _____ Year of last TB Tine Test ? _____ / _____ Pos Neg

15. List previous abdominal or chest surgeries _____

16. List any metal (fragments, plates or pins) in your body _____

17. Are you currently or do you wish to be an organ donor? Yes No

18. Do you have an Advanced Directive (Living Will) Instruction on medical efforts in the event of permanent incapacitation (Brain Injury) ? Yes No

19.

Please answer the following	Yes	No
Do you wear eyeglasses or contact lenses ?		
Do you have vision in both eyes :		
Do you wear a hearing aid ?		
Have you lived with anyone who has TB ?		
Have you had a heart attack ?		
Have you had angina (chest pain) ?		
Have you had attacks of wheezing requiring treatment ?		
Have you had recurrent back pain ?		
Have you had a seizure ?		
Have you had high blood pressure ?		
Had you had diabetes ?		

20.

Current Medications and Dosages		
Medication	Dose	Every hrs