



OFFICE OF THE SHERIFF OF CHESTER COUNTY, PA
FREDDA L. MADDOX, SHERIFF

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610-344-6851

EMERGENCY MEDICAL INFORMATION
KEEP INFORMATION UP TO DATE

Name: _____

Sex:

Address: _____

Date of Birth: / /

EMERGENCY CONTACTS

Name: _____

Phone:

Address: _____

Alternate Phone:

Relation: _____

Name: _____

Phone:

Address: _____

Alternate Phone:

Relation: _____

MEDICAL DATA

Last Update: Month:

Year:

Blood Type:

Doctor:

Phone:

Doctor:

Phone:

Special Conditions/Remarks: Use pencil for ease in making changes.

SEE PAGE 2 FOR ADDITIONAL INFORMATION

Medical Problems Medication Dosage Frequency

Recent Surgery:

Date:

Religion: _____

Living Will on file at _____

Health Care Proxy on file at: _____

Do you have an EMS-NO CPR Directive or a DNR form: YES___ NO___

Where is it located? _____

MEDICAL CONDITIONS – CIRCLE ALL THAT EXIST

- | | | |
|-----------------------------|------------------------|--------------------|
| No Known medical conditions | Hearing Impaired | Sickle Cell Anemia |
| Abnormal EKG | Heart Valve Prosthesis | Stroke |
| Adrenal Insufficiency | Hemodialysis | Vision Impaired |
| Angina | Hemolytic Anemia | Other: |
| Asthma | Hypertension | _____ |
| Bleeding Disorder | Laryngectomy | _____ |
| Cardiac Dysrhythmia | Leukemia | |
| Cataracts | Lymphomas | |
| Clotting Disorder | Malignant Hypothermia | |
| Coronary Bypass Graft | Memory Impaired | |
| Dementia / Alzheimer's | Myasthenia Gravis | |
| Diabetes/Insulin Dependent | Pacemaker | |
| Eye Surgery | Renal Failure | |
| Glaucoma | Seizure Disorder | |

SEE PAGE 3 FOR ADDITIONAL INFORMATION

ALLERGIES – CIRCLE ALL THAT EXIST

Aspirin

Horse Serum

Penicillin

Barbiturates

Insect Stings

Sulfa

Codeine

Latex

Tetracycline

Demoral

Leidocine

X-Rays Dyes

Environmental

Morphine

No Known Allergies

Novocine

Other _____

MEDICAL INSURANCE

Med. Ins. Co. _____

Policy #: _____

Other Med. Ins. Co.: _____

Policy #: _____

Medicaid #:

Medicare #: