Emergency Medical Data Instructions

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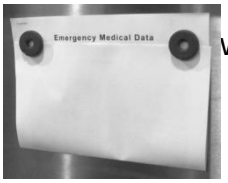
1. Caution, do not save the EMD sheet from your browser, it may not save correctly. Instead, save using your PDF reader.
2. Complete a form for every family member and save it for reference and changes.
3. Print a sufficient number of copies for your selected locations, refrigerator, vehicles, go-bag, workout-bag, hiking/cycling bag, purse, billfold, laptop bag, briefcase, suitcase, travel bag and at work. Consider other locations where you might be without the EMD.
4. Update anytime important information has changed.
5. Place the EMD on the outside of your refrigerator using a refrigerator magnet or in an envelope marked “Emergency Medical Data.” A magnet will not work on stainless steel. As alternate; insert the EMD in a sealed plastic bag and place on the top shelf inside the refrigerator. Consider including your Health Care Power of Attorney and the No-CPR or DNR (Do Not Resuscitate) form if you have one. The refrigerator is a known location in most homes and businesses, and easy to locate. Ask your local Fire/EMS for their preferred location. The EMD may contain sensitive information about a patient. To restrict visibility and provide privacy, fold the EMD in half and stop at the “fold-line”.



6. Place a copy of the EMD over the driver-side visor in each vehicle you own or in the glove compartment. Responders often look for this in a vehicle accident.
7. Tell friends you have this EMD form and their locations.
8. Have copies of your Health Care Power of Attorney and the No-CPR or DNR (Do not resuscitate) form in the same location as your EMD. Responders will not know you have these forms if you do not list them here and make them readily available.
9. Consider adding a note to your front door window announcing the MDS is on/in the refrigerator.
10. Visit www.911ready.org for additional suggestions.

EMERGENCY MEDICAL INFORMATION
Refrigerator Front

Emergency Medical Data

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First	Initial	Last	Home Phone	Mobile Phone

Street	City	State	Zip

DOB	Male/Female	Weight	Height	Ethnic	Hair Color	Eye Color	Blood Type	Religion

Hearing Impaired	Visually Impaired	Speech Impaired	Mobility Impaired	Dentures	Primary Language

No-CPR/DNR	Healthcare POA	Living Will	Location of these Forms	Hospital Choice

Emergency Contact	Phone	Address	Relationship

Doctor	Phone	Address	Specialty

Doctor	Phone	Address	Specialty

Doctor	Phone	Address	Specialty

Allergies, food, environmental, chemical, latex

Medication	Dosage	Frequency

Medication	Dosage	Frequency

Medication	Dosage	Frequency

Medication	Dosage	Frequency

Medication	Dosage	Frequency

Surgeries

Recent Injuries

Health Conditions

Implants, stints, breast, pacemaker, insulin pump, knee/hip replacement

Vaccinations

Healthcare Insurance

Parent or legal guardian:	Form updated on:

SAVE AS ◉ PRINT ◉ See next page (optional)

Medical History

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Medical Condition
☐ No known Conditions
☐ Abnormal EKG
☐ Adrenal Insufficiency
☐ Alzheimer's
☐ Angina
☐ Asthma
☐ Bipolar
☐ Bleeding Disorder
☐ Cardiac Dysrhythmia
☐ Cataracts
☐ Clotting Disorder
☐ Coronary Bypass Graft
☐ Dementia
☐ Diabetes/Insulin Dependent
☐ Epilepsy
☐ Eye Surgery
☐ Glaucoma
☐ Hearing Impaired
☐ Hemolytic Anemia
☐ High Blood Pressure
☐ Hemodialysis
☐ Hypoglycemia
☐ Laryngectomy
☐ Leukemia
☐ Low Blood Pressure
☐ Lymphomas
☐ Memory Impaired
☐ Myasthenia Gravis
☐ Pacemaker
☐ Renal Failure
☐ Seizure Disorder
☐ Sickle Cell Anemia
☐ Stroke
☐ Vision Impaired
☐ Other

Immunization Date
Hepatitis ☐ A ☐ B
☐ Influenza(flu shot)
☐ Pneumonia ☐ Shingles
☐ Meningitis ☐ Tetanus
☐ Chickenpox shot or Illness
☐ Tetanus & Pertussis
☐ Other

Allergies
☐ None
☐ Adhesive tape
☐ Aspirin
☐ Barbiturate
☐ Codeine
☐ Demerol
☐ Environmental
☐ Food
☐ Horse Serum
☐ Insect Stings
☐ Iodine
☐ Latex
☐ Lidocaine
☐ Morphine
☐ Novocain
☐ Penicillin
☐ Sulfa
☐ Tetracycline
☐ X-ray Dyes
☐ Other
☐ Other
☐ Other

History of
☐ Cancer
☐ Contacts
☐ Diabetes
☐ Dentures
☐ Glasses
☐ Heart Disease
☐ Kidney Disease
☐ Psychological
☐ Stroke TIA
☐ Other
☐ Other
Replacement ☐ Hips ☐ Knees ☐ Other
Implant ☐ Breast ☐ Metal ☐ Stint
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other

Comments _____