EMERGENCY MEDICAL INFORMATION FORM

The following information may be necessary in the event of an EMERGENCY. Please complete this form for each person in your MOTORHOME. In case of an EMERGENCY, this form will be easily located if everyone places this form and the RED CROSS in a "ZIP-LOC" bag, and puts the bag in the freezer compartment of the refrigerator in their MOTORHOME.

PLEASE KEEP THIS FORM UP-TO-DATE! Date Name __ Phone Number () _____ Address ___ _ SSN ___ (Social Security Number) (Number and Street) State ___ Zip Code + 4 _____ City ___ (City or Town) (City or Town) __ Date of Birth _ __ Age _____ Height ____ Weight _____ Gender _ (Month) (Day) ___ Phone Number () _____ In an Emergency, notify ___ Relationship _ MEDICAL INFORMATION Blood Type Medical Insurance Policy # Phone Number () Medicare # _____ (Yes - No) Physician's Name _____ Phone Number () _____ Ext. ____ Hospital's Records _____) Ext. Phone Number (___ Food, drugs, etc. - Explain _____ (Yes - No) __ Date of last Tetanus shot ___ Do you have a pacemaker? _ (Yes - No) (Month) Do you wear: Dentures _____ Bridges _____ Contacts ____ Glasses ____ Hearing Aids ____ Prosthetics ____ MEDICAL HISTORY Hypertension _____ Heart Disease ____ Seizures ____ Cancer ____ Diabetes ____ Asthma G.I. Problems _____ Lung Disease ____ Hypoglycemia ____ Other ____ Foreign Travel: When _____ Where ____ Any recent surgery? Explain _____ MEDICINE CURRENTLY TAKING MEDICATION FOR DOSAGE FREQUENCY PRESCRIBING DOCTOR

Additional Comments: Attach a copy of insurance card, herbal remedies or over the counter drugs being taken.