



# Pawtucket Fire Department Medical Information Sheet



*Place on your refrigerator or keep in a purse/wallet  
For fire fighters to use if you have a medical emergency*

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone # \_\_\_\_\_

Doctor \_\_\_\_\_

Phone # \_\_\_\_\_

## Past Medical History

*Draw a circle around your illnesses/conditions*

*Use "other" line to describe circled conditions if needed*

Heart Attack    Stroke/TIA with paralysis    Asthma/COPD    High Blood Pressure

Traumatic Injury    Psychiatric    Hearing Impaired    Blindness    Blood Issues

Diabetes    Type 1    Type 2    Insulin Dependent    Non-Insulin Dependent  
(circle applicable diabetic conditions)

Cancer \_\_\_\_\_  
(what type and where)

Other \_\_\_\_\_

## Daily Medications

*List names, dosages and how many times a day it's taken*

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## Allergies

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