

FRISCO

TEXAS



**FIRE DEPARTMENT**

**KEEP INFORMATION UP TO DATE !!  
Review At Least Every Six Months !**

**MEDICAL DATA REVIEWED AS OF MO. YR.**

Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date of Birth: / /

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

**MEDICAL DATA**

Use pencil for ease in making changes

Do you have a Valid DNR form? YES  NO

Where is it located? \_\_\_\_\_

↓ Special Conditions ↓ Blood Thinners: Yes  No

Medication / Name	Dosage	Frequency

See back of card for additional information

**MEDICAL CONDITIONS**

- No known medical conditions
- Alzheimers
- Angina
- Anxiety
- Arthritis
- Asthma
- Atrial Fibrillation
- Bipolar Disorder
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (Heart Disease)
- Chronic Obstructive Pulmonary Disease (COPD)
- Clotting Disorder
- Dementia
- Depression
- Other: \_\_\_\_\_
- Diabetes/Insulin Dependent
- Epilepsy
- Heart Valve Replacement
- Hepatitis-Type [     ]
- Hypoglycemia
- Hypertension
- Hyperthyroidism
- Hypothyroidism
- Kidney Disease
- Laryngectomy
- Myocardial Infarction (MI)
- Pacemaker
- Parkinson Disease
- Pneumonia
- Renal Failure
- Seizure Disorder
- Stroke
- Transient Ischemic Attack (TIA)
- Tuberculosis

**ALLERGIES**

No Known Allergies

**Physician Info:**

Recent Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have a Power of Attorney? YES  NO   
Where is it located? \_\_\_\_\_