

<u>Emergency Medical Information Card</u> 		Patient Info <u>Name:</u> <u>Address:</u> <u>Phone Number:</u> <u>Birth Date:</u> <u>Primary Contact:</u> <u>Primary Contact Number:</u> <u>Physician:</u> <u>Phys. Number:</u>		Allergies & Medical Conditions <u>Allergies & Reactions:</u> <u>Medical Conditions:</u> <u>Past surgeries/major medical procedures:</u>	
Medications		Meds Cont.		Additional Info	
Medications	When Taken	Dose	Reason(s) for Taking	<u>I am a CMU _____ and I work with:</u> <u>Please test for related diseases/conditions, such as:</u> <u>Continued on back →.</u>	

Instructions for completing:

In each of the appropriate sections, fill out the following on the computer or neatly with a blue/black ink pen.

1. Patient Information
 - a. Fill out your full name (first and surname), street/ mailing address, phone number, and birthdate (mm/dd/yyyy).
 - b. Include the name and relation of your first/primary emergency contact and the phone number they can most easily be reached at (ex: Jane Doe (mother), cell phone number (123-456-7890)).
 - c. Fill in the name and phone number of your primary care physician.
2. Allergies & Medical Conditions
 - a. Allergies and Reactions: List any allergies and possible reactions. Examples- Latex (skin rash), cat dander (hives, trouble breathing), peanuts (anaphylaxis)
 - b. Preexisting Medical Conditions: List any preexisting health conditions. Examples- Type II diabetes, asthma, high cholesterol, stroke

- c. Past surgeries or major medical procedures: List any major surgeries or medical procedures and the year in which they occurred. Examples- Valve replacement (2010), appendectomy (2000), hip replacement (2009)

3. Medications

- a. In the table, list the medications you take, how frequently you take them and at what time of day (ex: once a day, at night), the dosage in milligram (mg) amounts (amount per dose should be given on the package), and why you have to take this medication. Example below.

Medications	When Taken	Dose	Reason(s) for Taking
Benadryl	As needed, at night	2 x 25 mg tablets (50 mg total)	Congestion due to allergies

4. Additional Info

- a. Fill in the blank with your job title and list all of the top hazards you are exposed to in your job (Ex- I am a CMU researcher and I work with: Mammalian cells and HIV-1 lentivirus). If there are specific associated diseases or conditions with these hazards, record what they are.
- b. Use the back of the card to continue your list of hazards and associated conditions or to provide additional helpful medical information to emergency responders.

MAKE SURE TO KEEP YOUR CARD UP-TO-DATE! It is imperative that emergency responders have current and accurate information, in order to provide you with the best possible care.