

Include Area Codes with all phone numbers.  
Update every six (6) months at time change.

Date: \_\_\_\_\_  
(Update the date whenever any information is changed)

### Emergency Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

### Medications (Generic Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Hospital Preference

(Does not guarantee transport to Hospital Preference)

### Medical Conditions/Recent Surgeries

Date this information was last reviewed and/or  
updated: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

I HAVE NO KNOWN MEDICAL CONDITIONS or

Please check all the following that apply to you:

- Abnormal EKG
- Chest pain (Angina)
- Heart Attack
- High Blood Pressure
- Heart Rhythm issues (cardiac dysrhythmias)
- Pacemaker
- Internal Heart Defibrillator
- Heart Surgery/Treatment for blockages (Coronary Bypass Grafts, Stents)
- Heart Surgery for valve problems
- Stroke
- Seizure Disorder
- Previous head injury/surgery  
Date \_\_\_\_\_
- Adrenal Insufficiency
- Bleeding problems (disorder)
- Dialysis (Hemodialysis)
- Kidney Problems
- Kidney (Renal) Failure
- Anemia (Hemolytic Anemic)
- Sickle Cell anemia
- Hepatitis
- HIV/AIDS
- Leukemia (Cancer: type)
- Other Cancer
- Laryngectomy

- Lung/Breathing problems  
i.e. COPD, Emphysema, Asthma
- Alzheimer's (Dementia/Alzheimer's)
- Diabetes-take insulin injections  
(Diabetes/Insulin Dependent)
- Diabetes-take pills
- Low sugar (Hypoglycemia)
- Vision Problems (Eye Surgery)
- Glaucoma
- Broken Bones (Fractures)
- Overheat easily (Malignant Hyperthermia)
- Pregnant: Date due: \_\_\_\_\_
- Any metal plates, joints, etc.?

### Allergies

(Check ALL That Apply)

- NO KNOWN ALLERGIES
- LATEX
- Aspirin
- Barbiturates
- Codeine
- Demorol
- Insect Stings
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Rays Dyes
- Xylocaine
- Other: List Below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsored by:  
Kentucky Office of Highway Safety

Tape or staple  
participant's photo  
here.

### Personal Information

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

### Physicians

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

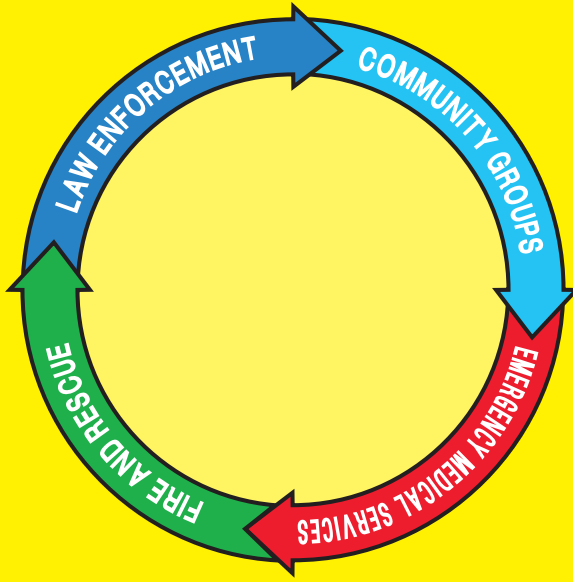
Office Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_



The information contained in this folder is for first responder use for accident or other medical emergency to assist EMS, Law Enforcement, and Fire and Rescue personnel during the "golden hour."

## The Yellow Dot Program

## The Yellow Dot Program

This folder contains  
personal and medical information  
for first responder use.

