

CONFIDENTIAL WHEN COMPLETED

Officer Activity Medical Information

Officer Name: _____

Care Card Number: _____

Emergency Contact: _____

Doctor's Name: _____

Doctor's Phone: _____

Are all immunizations up to date?

Do you wear a MEDIC ALERT bracelet or Necklace?

Medication Allergies – (Please provide a list) _____

Food Allergies – (Please provide a list) _____

Any other special information or needs the emergency medical personnel need to be aware of, or any current medications your officer is taking? Please write in any medical conditions (ie. Asthma, seizure disorders).
