

MEDICAL CONDITIONS

CHECK ALL THAT APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> NO MEDICAL CONDITIONS | <input type="checkbox"/> STROKE | <input type="checkbox"/> SEIZURE DISORDER |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> BLEEDING DISORDER | <input type="checkbox"/> DIABETES/INSULIN DEPENDENT |
| <input type="checkbox"/> HEART PROBLEMS | <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

ALLERGIES

- | | | |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> NO KNOWN ALLERGIES | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Please list any other information the Emergency Responders should know: _____

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