

Wright State University Department of Emergency Medicine Division of Tactical Emergency Medicine



Emergency Medical Techinician - Tactical Emergency Medical Information Form

1.	Name	2. Date						
2.		4. DOB5. Religion						
6.	Office Address	Phone						
7.	fork AddressPhone							
8.	Name of Next of KinPhonePhone							
Э. <i>Р</i>	Address							
10.		D	Af a sa				1	
	Allergy	Reac	tion	***************************************				
11.	Name of PhysicianPhone							
12.		Phone						
13.	Do you wear a medical alert braceletYes	No	If Yes	s, For Wh	nat ?			
14.	Year of last tetanus shot ? Year of last Hepatitis A vaccine ?							
	Year of last Hepatitis B vaccine? / Pos N						Neg	
15.	List previous abdominal or chest surgeries						<u></u>	
16.	List any metal (fragments, plates or pins) in your body	·						
17.	Are you currently or do you wish to be an organ donor	?	Yes		No			
18.	Do you have an Advanced Directive (Living Will) Instru incapacitation (Brain Injury) ? Yes			orts in th	e event of permanent			
19.		Yes No Current Medications and Dosages						
	Please answer the following	163	NO		Medication	Dose	Every	
	Do you wear eyeglasses or contact lenses ?				Medication	Dose	hrs	
	Do you have vision in both eyes :							
	Do you wear a hearing aid ?		9					
	Have you lived with anyone who has TB?							
	Have you had a heart attack ?			1				
	Have you had angina (chest pain)?			-				
	Have you had attacks of wheezing requiring treatment?				/			
	Have you had recurrent back pain ?							
	Have you had a seizure ?				_			
	Have you had high blood pressure ?							
	Had you had diabetes ?							