



Don Walters, Mayor



Medical Information Sheet

First Name/Middle Initial/Last Name						Date Completed	
Street Address/City/State/Zip						Date of Birth	
Telephone Number			Email Address			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Height	Weight	Pacemaker/Defib Model#	Hearing Aid	Deaf	Dentures Upper/Lower	Unable to Speak <input type="checkbox"/>	
Blood Type	Glasses	Contact Lenses	Blind	Artificial Eye	Cataract(s)	Native Language if not English	
Identifying Marks:							
Current Medical Conditions:							
Current Medications - Dosage & Frequency:							
Allergies:							
Doctor(s) Name and Telephone Number							
Last Hospitalization - Hospital Name/City/Year/Patient#							
Special Instructions such as health directives, etc...							
DNR:				Organ Donor:			
Living Will:				Other Issues:			
Emergency Contact Information - Name/Address/Phone/Relationship							

**PLACE ON REFRIGERATOR DOOR
or IN VEHICLE GLOVE BOX**

ENVELOPE OF LIFE
Partners in Safety and Health



City of Cuyahoga Falls, Ohio
Don Walters, Mayor