



Medical Record Information

City of Manistee Fire Department

281 First Street
Manistee, MI 49660
231.723.1549

Any individual is welcome to complete any or all portions of this document that can be used to provide emergency medical information in the event of an emergency.

About You			
Name		Phone	
Date of Birth (mm/dd/yy)		Weight	lbs Height ' "
Blood Type (examples below)		Do you wear contact lenses?	
O-positive (O-pos)	AB-Negative (AB-Neg)	If you don't know blood type leave blank	
Primary Physician		Today's Date(mm/dd/yy)	
Emergency Contact (ICE)			
Name		Phone	
List all Medical Conditions			
List all known allergies			
Medications and supplements			

*Retain top portion for your files
Cut out the medical card below/fold in half and keep in your wallet
It is recommended to review and update as needed!*

	EMERGENCY MEDICAL INFORMATION			MED HISTORY:		
	HT	'	"	WT	lbs	
CONTACTS	BT	DOB				
ICE				MEDICATIONS:		
ICE						
ICE						
PHYSICIAN						
ALLERGIES:						