HPS 2008

INDIVIDUAL MEDICAL BRIEF

PRINT DATE: 2008-01-03

Name:		Social SecirUty #:	
Team or Affiliation :			
Person To Contact in case of Emergency			
Name:		Telephone #:	
Family Or Personal Physician:			
Name:		Telephone #:	
Medical History			
Check is yes and Explain Fully			
Any Allergies?	Yes □		
Any Permanent Disabilities?	Yes □		
Taking Any Prescription Medication?	Yes □		
Any Known Heart/Circulatory Problems?	Yes □		
Do you have any pulmonary problems?	Yes □		
Do you have diabetes or seizures?	Yes □		
Any other medical detail which the EMT or physician should know about you:	Yes □		

Date of last physical :	
Signature and Date :	