

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



## Emergency Medical Techinician - Tactical Emergency Medical Information Form

. Name	2. Date						
	4. DOB5. Religion						
Office Address							
Work Address							
Name of Next of Kin				Phone			
(who knows the most about your medical h					7		
. Address							
0. Allergy	Reac	Reaction					
Name of Physician	me of PhysicianPhone						
2. Name of Dentist				Phone			
Do you wear a medical alert bracelet Yes	No	If Yes,	For Wh	nat ?			
4. Year of last tetanus shot ?		Year of	last He	patitis A vaccine ?			
Year of last Hepatitis B vaccine?		Year of	last TE	Tine Test ?	/Pos	Neg	
List previous abdominal or chest surgeries							
List any metal (fragments, plates or pins ) in your							
7. Are you currently or do you wish to be an organ d							
Do you have an Advanced Directive (Living Will) I incapacitation (Brain Injury) ?	nstruction on m	edical effo					
independent (Stantingery)							
9. Please answer the following	Yes	No	20.	Current Medications and Dosages			
	103	- 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 ?		4					
Have you lived with anyone who has TB?							
Have you had a heart attack ?							
Have you had angina (chest pain)?							
Have you had attacks of wheezing requiring treatme	nt?						
Have you had recurrent back pain ?					-		
Have you had a seizure ?			-	_			
Have you had high blood pressure?							
Had you had diabetes 2					N N		