

Emergency Medical Information Card Albany Fire Department: 541-917-7700 Emergency: 9-1-1



Name:Birth Date:	Check all that apply. List other con	ditions or provide
Physician(s) Name & Phone:	□ No Medical Conditions □ Asthma/COPD	
Emergency Contact(s) Name & Phone:	□ Bleeding Disorder □ Diabetes/Insulin □ Heart Problems	
Significant Surgeries:	☐ Hypertension ☐ Stroke ☐ Seizer Disorder	
Advance Directives:		
Check the box next to the form(s) you have:		
 □ DNR - Do Not Resuscitate □ POLST - Physician Orders for Life-Sustair Treatment (Registry: 1-877-367-7657) 	ing ————————————————————————————————————	
Location of Form(s):	Date Form Completed:	
MEDICATION	DOSAGE FRI	EQUENCY
MEDICATION	DOSAGE FR	EQUENCY
MEDICATION	DOSAGE FR	EQUENCY
MEDICATION MEDICATION ALLERGIES & DRUG REA		
MEDICATION ALLERGIES & DRUG REA		