CompanyName

EMERGENCY MEDICAL INFORMATION FORM

In case of a medical emergency the following key information would be of great value to attending medical personnel in helping to diagnose and treat a medical problem. Kindly complete this **CONFIDENTIAL** form which will be kept in your personnel file to be used only in the case of a medical emergency. It is extremely important that all questions be answered to assure prompt and appropriate medical treatment during a medical emergency. This form should be returned to _____ upon completion.

Employee Name: _____

Home Address: _____

Home Telephone: _____

IN CASE OF A MEDICAL EMERGENCY WHO SHOULD BE NOTIFIED?

Name _____ Address _____

City _____ State _____ Zip _____ Home Tel: _____

Business Tel: _____

PERSONAL PHYSICIAN

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

DO YOU HAVE ANY KNOWN ALLERGIES? Yes ____No____

If yes, please list the things you are allergic to including any medication:

_____

_____