BOURNE PROFESSIONAL FIRGEFIGHTER ASSOCIATION
PLEASE KEEP THIS INFORMATION UP TO DATE

NAME:________________________________ SEX: M F
ADDRESS:____

DOCTOR:_________________________ DR'S PHONE :_________________
PREFERRED HOSTIAL:____

EMERGENCY CONTACTS

NAME:_________________________________PHONE:_________________
ADDRESS:____

NAME:_________________________________PHONE:_________________
ADDRESS:____

MEDICAL DATA as of MO:________YR:_________

(USE PENCIL FOR EASE IN MAKING CHANGES}

SPECIAL CONDITIONS/REMARKS:__________________________
____
____

MEDICATION	DOSAGE	FREQUENCY

PHARMACY:____________________________ PHONE:_________________
DATE OF BIRTH:_________________________BLOOD TYPE:_____________

RELIGION:____
HEALTH CARE PROXY ON FILE AT:__________________________________
LIVING WILL ON FILE AT:____

MEDICAL INSURANCE

Insurance Company:____
Policy #:____
Other Insurance:____
Policy #:____

(USE PENCIL FOR EASE IN MAKING CHANGES)

RECENT SURGERY:____
____
____

Do you have a Comfort Care / DNR Form: YES ☐ NO ☐
Where is this located?____

MEDICAL CONDITIONS
(CHECK ALL THAT EXIST)

	No known medical conditions		**Hemodialysis**
	Abnormal EKG		**Hemolytic Anemia**
	Adrenal Insufficiency		**Hepatitis—Type ( )**
	Angina		**Hypertension**
	Asthma		**Hypoglycemia**
	Bleeding Disorder		**Laryngectomy**
	Cancer		**Leukemia**
	Cardiac Dysrhythmia		**Lymphomas**
	Cataracts		**Memory Impaired**
	Clotting Disorder		**Myasthenia Gravis**
	Coronary Bypass Graft		**Pacemaker**
	Dementia		**Alzheimer's**
	Renal Failure		**Diabetes/Insulin Dependent**
	Seizure Disorder		**Eye Surgery**
	Sickle Cell Anemia		**Glaucoma**
	Stroke		**Hearing Impaired**
	Tuberculosis		**Heart Prosthesis**
	Vision Impaired		**OTHER (Note below)**

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ALLERGIES

____ Aspirin ____ Insect Stings ____ Penicillin
____ Barbiturate ____ Latex ____ Sulfa
____ Codeine ____ Lidocaine ____ Tetracycline
____ Demerol ____ Morphine ____ X-Ray Dyes
____ Horse Serum ____ Novocaine ____ No Known Allergies

Environmental/Other: ____

File of life

In an emergency, time is critical. The “File of Life” program provides our Firefighter/Paramedics and Firefighter/EMT’s with your life saving medical information, so we can begin providing you the appropriate medical care you need. The program consists of a small red magnetic envelop that hangs from the front of your refrigerator. Inside the envelope you place a completed medical questionnaire. When we respond for a medical emergency to your home, we retrieve the questionnaire from the front of your refrigerator and then have the necessary information we need to provide you with the appropriate care. If you would like a “File of Life” kit or have questions about the program, please do not hesitate to contact Bourne Fire / Rescue. You can also print out the File of Life form above and keep it in your home and pocketbook/wallet in case of an emergency.