

Personal Information Sheet

NAME: _____

SSI: _____

EMERGENCY CONTACT PHONE: _____

RED TAGS ON AND UPDATED: Y N

ALLERGIES: _____

PHYSICIAN PHONE #: _____

 MEDICATION

 CONDITION

PREVIOUS HEAT CASUALTY? Y N (CIRCLE ONE)

CHEMICAL SENSITIVITY? Y N (CIRCLE ONE)

PROBLEM WITH TICK BITES? Y N (CIRCLE ONE)

THINGS TO HAVE ON HAND:

RED STRIP - MEDICATION

WHITE STRIP - HEAT CAUTION

ONE COPY OF ORDERS

Place this information in a ziplock bag and carry in right cargo pocket at all times