

	<b>MEDICAL INFORMATION CARD</b>
	S.S. _____ Rank _____
	Name _____
	Address _____
	City _____ State _____ Zip _____
	Phone (    ) _____
	Current Medication _____
	_____ Blood Type _____
	Allergies _____
	Emergency Telephone No. _____
Insur. Cmpny. Name & Policy No. _____	

COMPANY COPY

	<b>MEDICAL INFORMATION CARD</b>
	S.S. _____ Rank _____
	Name _____
	Address _____
	City _____ State _____ Zip _____
	Phone (    ) _____
	Current Medication _____
	_____ Blood Type _____
	Allergies _____
	Emergency Telephone No. _____
Insur. Cmpny. Name & Policy No. _____	

BREAST POCKET COPY

	<b>MEDICAL INFORMATION CARD</b>
S.S. _____ Rank _____	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Phone (    ) _____	
Current Medication _____	
_____ Blood Type _____	
Allergies _____	
Emergency Telephone No. _____	
Insur. Cmpny. Name & Policy No. _____	

WALLET COPY

EMERGENCY MEDICAL INFORMATION CARD

We suggest that you use one of the three cards printed here. Fill it out and keep it in your right breast pocket at all times while in the field. The card should be waterproofed with Storm-Pruf or some water-proofing liquid, or you may buy a sheet of plastic laminating material at any Stationery Store or Office Supply and put the card between two sheets of plastic. The large card may have the information typed in, and if you have access to a copier that reduces copy, you may reduce it to credit-card size and then laminate it.

**PLEASE FILL OUT ALL SPACES ON THE CARD, INCLUDING BLOOD TYPE AND INSURANCE INFORMATION!!!**

PLEASE PRINT LEGIBLY!!!