myMED-ID™
Medical Emergency Data IDentification

USE BACK FOR ADDITIONAL INFORMATION

Place this form (filled out) on your refrigerator.
Use vinyl myMED-ID case if you have one. Make two copies...
Carry one and place one in your car's glove compartment.

Seminole County TRIAD

Keep your information current. • Use pencil.

Name: ☐ M / ☐ F

Address:

OPTIONAL
Soc. Sec. #: Birth Date: / /

EMERGENCY CONTACTS

Name: Relation:

Address: City/St/Zip

Home Phone: Work/Cell Phone:

Name: Relation:

Address: City/St/Zip

Home Phone: Work/Cell Phone:

MEDICAL INSURANCE

Medical Ins Co:

Policy #:

Other Medical Ins Co:

Policy #:

OPTIONAL
Medicare #: Medicaid #:

Medical Problems	Medication	Dosage	Frequency

Home/over-the-counter medications: (OPTIONAL) USE THE BACK SIDE

ADVANCE DIRECTIVES

"Living Will" on file at:

"Health Care Surrogate": Phone:

Do you have an EMS-NO CPR Directive or DNR (Do Not Resuscitate form)?
☐ yes ☐ no Where is it located?

FOLD along dotted line and place on refrigerator.

Last date updated: Mo. Yr. Blood Type:

Doctor: Phone:

Doctor: Phone:

Pharmacy: Phone:

Special Conditions / Remarks:

Recent Surgeries–include dates:

Is your most recent EKG available: ☐ yes ☐ no
Where is it?:

OTHER MEDICAL CONDITIONS: *check all that exist.*

( ) No Known Medical Conditions
( ) Abnormal EKG
( ) Adrenal Insufficiency
( ) Angina
( ) Asthma
( ) Bleeding Disorder
( ) Cardiac Dysrhythmia
( ) Cataracts
( ) Clotting Disorder
( ) Coronary Bypass Graft
( ) Dementia ( ) Alzheimer's
( ) Diabetes/Insulin Dependent
( ) Eye Surgery
( ) Glaucoma
( ) Hearing Impaired
( ) Heart Valve Prosthesis
( ) Hemodialysis
( ) Hemolytic Anemia
( ) Hypertension
( ) Hypoglycemia
( ) Internal Defibrillator
( ) Laryngectomy
( ) Leukemia
( ) Lymphomas
( ) Malignant Hyperthermia
( ) Memory Impaired
( ) Myasthenia Gravis
( ) Pacemaker
( ) Renal Failure
( ) Seizure Disorder
( ) Sickle Cell Anemia
( ) Stroke
( ) Vision Impaired
Other

ALLERGIES

( ) No Known Allergies
( ) Aspirin
( ) Barbiturates
( ) Codeine
( ) Demerol
( ) Environmental
( ) Horse Serum
( ) Insect Stings
( ) Latex
( ) Lidocaine
( ) Morphine
( ) Novocaine/Xylocaine
( ) Penicillin
( ) Sulfa Medications
( ) Tetracycline
( ) X-rays Dyes
( ) Other

SPONSORED BY: **Seminole County Department of Public Safety: EMS/Fire/Rescue Division • Seminole County TRIAD/seminolecountytriad.org • 50+ Information Network**

www.myMED-ID.org

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