

Health Information



Fill out this form and save to a flash drive, computer or the cloud. You can also print and put a copy in your Go Bag.

Family Member 1

Name

Birth Date

Gender

Female

Male

Blood Type

Known Allergies (medicine, food or other)

Medical Conditions (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection)

Special Needs (hearing, speaking, seeing, moving)

Special Equipment / Supplies / Other Needs

Family Member 1 Medicine Record

Medicine 1 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 2 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 3 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 4 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 5 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Family Member 2

Name

Birth Date

Gender

Female

Male

Blood Type

Known Allergies (medicine, food or other)

Medical Conditions (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection)

Special Needs (hearing, speaking, seeing, moving)

Special Equipment / Supplies / Other Needs

Family Member 2 Medicine Record

Medicine 1 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 2 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 3 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 4 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 5 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Family Member 3

Name

Birth Date

Gender

Female

Male

Blood Type

Known Allergies (medicine, food or other)

Medical Conditions (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection)

Special Needs (hearing, speaking, seeing, moving)

Special Equipment / Supplies / Other Needs

Family Member 3 Medicine Record

Medicine 1 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 2 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 3 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 4 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 5 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Family Member 4

Name

Birth Date

Gender

Female

Male

Blood Type

Known Allergies (medicine, food or other)

Medical Conditions (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection)

Special Needs (hearing, speaking, seeing, moving)

Special Equipment / Supplies / Other Needs

Family Member 4 Medicine Record

Medicine 1 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 2 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 3 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 4 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 5 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Family Member 5

Name

Birth Date

Gender

Female

Male

Blood Type

Known Allergies (medicine, food or other)

Medical Conditions (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection)

Special Needs (hearing, speaking, seeing, moving)

Special Equipment / Supplies / Other Needs

Family Member 5 Medicine Record

Medicine 1 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 2 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 3 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 4 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.

Medicine 5 (include medicine name and strength, dose - how many pills, puff, drops per dose, when it is taken, how many times a day and general reason for taking it.
