



SHENANDOAH COUNTY DEPARTMENT OF FIRE AND RESCUE

PERSONAL MEDICATION RECORD

POST ON YOUR REFRIGERATOR

Name: _____ Sex: _____

Address: _____

Social Security: _____ DOB: _____

Emergency Contacts

Name: _____ Hm Phone: _____

Address: _____ Wk Phone: _____

Name: _____ Hm Phone: _____

Address: _____ Wk Phone: _____

Primary Care Physician: _____ Phone: _____

Specialist: _____ Phone: _____

Medications – including over the counter and herbal medicines

Medications Dosage Frequency

Medications	Dosage	Frequency

Blood Type:

Recent Surgery:

Date:

Medical Conditions – check all that apply

- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Alzheimer’s Disease/Dementia
- Angina
- Asthma
- Bleeding Disorder
- Cardiac Arrhythmia
- Cataracts
- Coronary Bypass Graft
- Diabetes
- Dialysis
- Glaucoma
- Hearing Impaired
- Heart Attack
- Heart Valve Prosthesis
- High Blood Pressure
- High Cholesterol
- Leukemia
- Low Blood Pressure
- Lymphomas
- Pacemaker
- Renal Failure
- Seizure Disorder
- Stroke
- Thyroid Disorder
- Vision Impaired
- Other

Allergies

- No known allergies
- Aspirin
- Codeine
- Environmental
- Latex
- Lidocaine
- Penicillin
- Sulfa
- X-Ray Dyes
- Other
