**MEDICAL FORM FOR EMT**

Ephrata Senior Center

Sharon Hastings, Director

124 C Street NW

Ephrata, WA 98823

509-754-2382

Escis4fun@gmail.com

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_\_\_

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS (include over the counter drugs)**

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**ALLERGIES (to medication and food)**

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**MEDICAL HISTORY**

Respiratory \_\_\_\_\_\_\_ Diabetes \_\_\_\_\_\_\_

Stroke \_\_\_\_\_\_\_ Kidney \_\_\_\_\_\_\_

Congestive Heart \_\_\_\_\_\_\_ Heart Attack \_\_\_\_\_\_\_

**OTHER**

Oxygen \_\_\_\_\_\_\_

Walker \_\_\_\_\_\_\_

Wheel Chair \_\_\_\_\_\_\_