

**MEDICAL INFORMATION**

*Keep this record with you  
at all times*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_



In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**EMERGENCY CONTACTS**

*In case of emergency, please  
contact*

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
  
Doctor \_\_\_\_\_  
Phone \_\_\_\_\_  
  
Doctor \_\_\_\_\_  
Phone \_\_\_\_\_  
  
Pharmacy \_\_\_\_\_  
Phone \_\_\_\_\_  
  
Other \_\_\_\_\_  
Phone \_\_\_\_\_

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**CHRONIC CONDITIONS**

*Indicate any ongoing medical  
concerns*

- ☐ Blood pressure  
☐ Asthma  
☐ Diabetes  
☐ Heart disease  
☐ Cancer  
☐ Other

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**PRESCRIPTION MEDS**

*List prescription medications you  
are currently taking*

Med	Dose	Time

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**OVER THE COUNTER**

*List your current over-the-  
counter medications*

- ☐ Aspirin  
☐ Antacids  
☐ Allergy relief  
☐ Cold medicine  
☐ Diet pills  
☐ Laxatives  
☐ Sleep aid  
☐ Vitamins  
☐ Supplements  
  
☐ Other

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**ALLERGY RECORD**

*List all allergies and your  
reaction*

Allergy \_\_\_\_\_  
Reaction \_\_\_\_\_  
  
Allergy \_\_\_\_\_  
Reaction \_\_\_\_\_  
  
Allergy \_\_\_\_\_  
Reaction \_\_\_\_\_  
  
Allergy \_\_\_\_\_  
Reaction \_\_\_\_\_  
  
Allergy \_\_\_\_\_  
Reaction \_\_\_\_\_

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**IMMUNIZATION RECORD**

*Enter the date you were last  
immunized*

Tetanus \_\_\_\_\_  
  
Flu \_\_\_\_\_  
  
Pneumonia \_\_\_\_\_  
  
Hepatitis \_\_\_\_\_  
  
Other \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**NOTES**

*Add any additional information  
here*

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

**NOTES**

*Add any additional information  
here*

In case of emergency, dial 911

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)



[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)