ACTIVE DUTY ☐ CONTRACT ☐ DOD CIVILIAN ☐ SEE BACK →

MEDICAL PROFILE / DEMOGRAPHICS

NAME (RANK- LAST-FIRST-MI) SOCIAL SECURITY NUMBER:	MILITARY RETIRED? (If yes, Branch of service	MILITARY DEPENDANT? (If yes, sponsor's SSN)
HOME ADDRESS: EMAIL:	HOME PHONE # CELL:	DATE OF BIRTH:
WHERE DO YOU WORK? UNIT: (EXPAMPLE: W2LUU3) DIRECTORATE, DIV. BRANCH	BLDG.# WORK #	JOB TITLE: GRADE: SERIES:

EMERGENCY CONTACT: NAME: RELATION: PHONE:	ALTERNATE CONTACT: NAME: RELATION: PHONE:

DOCTOR (FAMILY PHYSICIAN) ADDRESS: PHONE:	DOCTOR'S EMERGENCY #	HOSPITAL (USED BY DOCTOR) HOSPITAL PHONE:

SPECIFIC ALLERGIES (DRUGS, INSECT STINGS, CHEMICALS, ETC.)

IF DIABETIC AND ON INSULIN (OR PILLS), GIVE DAILY DOSE AND TIME OF INJECTION

LIST KNOWN DISABILITY OR CONDITION REQUIRING SPECIFIC EMERGENCY TREATMENT

TODAY'S DATE: _____

REVIEW DATE # 1_____

2_____

3_____

SEE BACK →

MEDICATION RECORD

Please list all medications taken regularly (Include Asprin, Alka Seltzer, ETC.)

MEDICATION NAME	DOSAGE	WHEN & HOW TAKEN	FOR WHAT CONDITION

Please ask for medication card to track medications

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE BELOW? PLEASE EXPLAIN ALL YES ANSWERS IN THE SPACE PROVIDED BELOW.

YES	NO			YES	NO	
		1) DIABETES				16) LIVER DISEASE(CIRRHOSIS, HEPATITIS
		2) STROKE				17) GALL STONES
		3) ANY HEART CONDITION				18) KIDNEY DISEASE
		4) HIGH BLOOD PRESSURE				19) SURGERY IN THE PAST 5 YEARS
		5) FREQUENT FAINTING SPELLS (CONVULSIONS, SEIZURES)				20) TORN LIGAMENT OR TENDON
		6) PHLEBITIS (BLOOD CLOT)				21) NERVOUS CONDITION REQUIRING MEDICATION OR HOSPITALIZATION
		7) EASY BRUISING OR BLEEDING				22) BROKEN BONES, SWOLLEN JOINTS
		8) ANEMIA				23) ARTHRITIS, BURSITIS, GOUT
		9) RHEUMATIC FEVER				24) BACK INJURY, SLIPPED DISC, LOW BACK STRAIN
		10) PHEUMONIA, PLEURISY, BRONCHITIS				25) THYROID DISEASE
		11) COUGHED UP BLOOD				26) GLAUCOMA
		12) ASTHMA, HAY FEVER, HIVES				27) STOMACH OR DUODENAL ULCER
		13) CANCER (WHAT TYPE?) (WHERE?)				28) CHRONIC SHORTNESS OF BREATH
		14) MORE THAN 10 LBS. WEIGHT LOSS IN THE PAST 6 MONTHS				29) Other information you feel we should have concerning your health.
		15) TB OR POSITIVE TB SKIN TEST				

PLEASE EXPLAIN ALL YES ANSWERS BELOW:

Use corresponding # from above