

Your name, address, home phone, cell phone and pager numbers
Sponsoring CERT Community

Person(s) to call in the event of an emergency:
Primary: Name, contact information
Secondary: Contact information

Health Insurance Company and contact information
Membership or ID Number

Family Physician's name and contact information

Allergies
Your blood type
Current medications and dosage information
Past and present medical conditions

Shots received:
Pneumonia: Date
Tetanus: Date

* Place in a plastic bag and stash in your CERT pack

Thanks, John Mayne

..... fold here

Medical Information Packet