



HAWAII FIRE DEPARTMENT

FIRE PREVENTION PUBLIC EDUCATION

FOR MEDICAL EMERGENCIES PLEASE CALL 911

INDICATE TYPE OF EMERGENCY/LOCATION AND INFORMATION BELOW

MEDICAL HEALTH INFORMATION FORM

NAME: _____

ADDRESS: _____

DOB: _____

PHONE NUMBER: _____

EMERGENCY CONTACT/PRIMARY CARETAKER/POWER OF ATTORNEY

-Name: _____

-Phone Number: _____

-Relation, Business: _____

PRIMARY CARE PHYSICIAN:

-Name: _____

-Number: _____

POLST/DNR "ADVANCE DIRECTIVE"? PLEASE LEAVE A COPY FOR
PARAMEDIC IF POSSIBLE

ALLERGIES? _____

MEDICAL HISTORY:

Please indicate type of medical history and est. date of occurrence

MEDICATIONS: **ATTACH EXTRA SHEET IF LIST IS LONGER

NAME	DOSAGE	TIME INTERVAL TAKEN

SPECIAL NOTES/CONCERNS: