



---

---

## MEDICAL CONDITIONS

---

*Check all that exist*

- |  |  |
|--|--|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Hemodialysis            |
| <input type="checkbox"/> Abnormal EKG                | <input type="checkbox"/> Hemolytic Anemia        |
| <input type="checkbox"/> Adrenal Insufficiency       | <input type="checkbox"/> Hepatitis – Type [    ] |
| <input type="checkbox"/> Alzheimer's                 | <input type="checkbox"/> Hypertension            |
| <input type="checkbox"/> Angina                      | <input type="checkbox"/> Hypoglycemia            |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Leukemia                |
| <input type="checkbox"/> Bleeding Disorder           | <input type="checkbox"/> Lymphomas               |
| <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Memory Impaired         |
| <input type="checkbox"/> Cardiac Dysrhythmia         | <input type="checkbox"/> Myasthenia Gravis       |
| <input type="checkbox"/> Cataracts                   | <input type="checkbox"/> Pacemaker               |
| <input type="checkbox"/> Clotting Disorder           | <input type="checkbox"/> Renal Failure           |
| <input type="checkbox"/> Coronary Bypass Graft       | <input type="checkbox"/> Seizure Disorder        |
| <input type="checkbox"/> Dementia                    | <input type="checkbox"/> Sickle Cell Anemia      |
| <input type="checkbox"/> Diabetes/Insulin Dependent  | <input type="checkbox"/> Stroke                  |
| <input type="checkbox"/> Eye Surgery                 | <input type="checkbox"/> Tuberculosis            |
| <input type="checkbox"/> Glaucoma                    | <input type="checkbox"/> Vision Impaired         |
| <input type="checkbox"/> Hearing Impaired            | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Heart Valve Prosthesis      | _____  |

---

### Special Conditions/Remarks:

---

---

---

### ALLERGIES

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> None Known           | <input type="checkbox"/> Horse Serum   | <input type="checkbox"/> Novocaine    |
| <input type="checkbox"/> Aspirin              | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Barbiturate          | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfa        |
| <input type="checkbox"/> Codeine              | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Demerol              | <input type="checkbox"/> Morphine      | <input type="checkbox"/> X-Rays Dyes  |
| <input type="checkbox"/> Environmental: _____ |  |                                       |
| <input type="checkbox"/> Other: _____         |  |                                       |

---

### MEDICAL INSURANCE

---

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Other Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

---

For additional forms, please visit <http://www.lyontwp.org/vial> or call Fire Station #1 at 248-486-3775.