



Medical History

Last Update Date ___/___/_____

ABOUT THIS DOCUMENT: This document provides my personal medical history. This is confidential information that should only be shared with certified healthcare professionals in the event that I am taken to the hospital in a medical emergency.

Citizenship Information

Name (First, Last, Middle Initial)

Date of Birth

Social Security Number

Citizen Status

Home Address

City

State

Zip

Primary Contact (ICE)

Relationship

Full Name

Phone

Email

Physical Information

Height

Weight

Blood Type



Contacts

Physician Name (First, Last)

Business Name

Phone

Email

Specialty Physician Name (First, Last)

Business Name

Phone

Email

Immediate Family Name (First, Last)

Phone

Email

Medications and Vaccine History

Medication or Vaccine
(Name)

Dosage

Frequency
(How often to you take it)

Allergies

Type

Reaction

Latex

Food

Medication

Other:



Known Conditions

Type	Description
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Surgeries/Medical Procedures

Procedure	Year
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Family History of Medical Conditions

Relative (Biological)	Condition (Heart, Cancer, Diabetes)	Alive/Deceased (Age or Age @ Death)
Mother		
Father		
Sister/Brother		
Grandmother (maternal)		
Grandfather (maternal)		
Grandmother (paternal)		
Grandfather (paternal)		
Other:		
Other:		