

Your MEDICAL HISTORY and MEDICAL CONDITIONS:

No known medical conditions

Abnormal EKG

Dementia

Hypoglycemia

Adrenal insufficiency

Diabetes/Insulin Dependence

Laryngectomy

Alzheimer's

Eye Surgery

Leukemia

Angina

Glaucoma

Lymphomas

Asthma

Hard of Hearing/Deaf

Memory Impaired

Cardiac Dysrhythmia

Heart Disease

Myasthenia Gravis

Cancer

Heart Valve Prosthesis

Pacemaker

Cataracts

Hemodialysis

Renal Failure

Clotting Disorder

Hemolytic Anemia

Respiratory

Coronary Bypass Graft

Hypertension

Seizures

Sickle Cell Anemia

Stroke/TIA

Vision Impaired

Other _____

Other _____

Recent Surgery _____ ; **Date** _____

In an EMERGENCY, if you must leave home, what medical equipment needs to go with you?

