

Participant Information

Name: _____ Age: _____
Address: _____
St/Town/Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Sex: Male ____ Female ____
Blood type: _____

Physicians

Name: _____
City/State: _____
Office Phone: (____) _____
Name: _____
City/State: _____
Office Phone: (____) _____

Hospital Preference

(Does not guarantee transport to preferred hospital)

Emergency Contacts

Name: _____
Address: _____
City/St/Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Work Phone: (____) _____

Name: _____
Address: _____
City/St/Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Work Phone: (____) _____

Medical Conditions/Recent Surgeries

(check all that apply)

- NO KNOWN MEDICAL CONDITIONS
- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding disorder
- Cancer: Type
- Cardiac Dysrhythmia
- Clotting disorder
- Coronary Bypass Graft
- COPD /Emphysema
- Dementia/ Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Fractures
- Glaucoma
- Heart Attack
- Hearing Impaired
- Heart Valve Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis
- High Blood Pressure
- HIV/AIDS
- Hypertension
- Hypoglycemia
- Internal Defibrillator
- Kidney Problems
- Laryngectomy
- Leukemia
- Malignant Hyperthermia
- Myasthenia Gravis
- Pregnant:
- Renal Failure Disorder
- Sickle Cell Anemia
- Stroke
- Vision Impaired
- Other:

Allergies: (check all that apply)

- Latex
- Aspirin
- Barbiturates
- Codeine
- Demerol
- Insect Stings
- Lidocaine
- Morphine
- Novocain
- Penicillin
- Sulfa
- Tetracycline
- X-ray dyes
- Xylocaine
- Other:

Medications (Generic Name)

Photo

**The Yellow Dot
Program is brought to
you by the
partnership of:**

**South Berwick Rescue
Berwick Fire Department
South Berwick
Fire Department
Berwick Police Department
South Berwick
Police Department**

Please Note: The Yellow Dot Program acts as facilitator only. All information contained herein is supplied by and is the sole responsibility of the participating person listed.

Participant's Name
(See inside panels for Personal Information,
Emergency Contacts and Medical Information.)

The Yellow Dot Program

