

- [Print](#) this form.
- Fill it out and keep it handy.
- Be sure to keep the information current.
- Give it to the EMS crew when they arrive.

<b>WALES CENTER VOLUNTEER FIRE CO., INC.</b> <b>Medical History and Drug Allergy Form</b>	
Name:	
Address:	
City:	State & Zip
Telephone:	Date of Birth
Primary Physician:	Hospital of Choice:
Medical Problem(s):	
Medicines (Prescription & Over the Counter):	Allergies:
Form filled out on (date):	Form filled out by: