

Participants Personal Information (Adult)

The following is requested in case of emergency
This information will only shared with medical personnel if/when needed.

Remember...if you are unconscious; your life may depend on your answers!

Person (not with you) to contact in case of emergency:	Participants Name (please print clearly)		Age:
Vehicle; Make/Model: Plate #: State: Your Blood Type: Medical Allergies: Are you taking any medication? Detail: Is there medication that you need with you? Detail: Is this medication with you? Where do you keep it? Are you wearing contact lenses? No / Yes Dentures or Dental Bridges? No / Yes Medical/Physical Conditions that we should be aware of : Special Conditions / Instructions (pets/baby sitters) that we should be aware of:	Person (not with you) to contact in case of eme	ergency:	
Your Blood Type: Medical Allergies:	Relationship:	_ Phone:	
Are you taking any medication? Detail:	Vehicle; Make/Model:	Plate #:	State:
Is there medication that you need with you? Detail: Is this medication with you? Where do you keep it? Are you wearing contact lenses? No / Yes Dentures or Dental Bridges? No / Yes Medical/Physical Conditions that we should be aware of : Special Conditions / Instructions (pets/baby sitters) that we should be aware of: Participants Today's	Your Blood Type: Medical Allergies	es:	
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Are you wearing contact lenses? No / Yes Dentures or Dental Bridges? No / Yes Medical/Physical Conditions that we should be aware of: Special Conditions / Instructions (pets/baby sitters) that we should be aware of: Participants Today's	s there medication that you need with you?	Detail:	
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Additional Comments: