



Queen Anne's County Fire/EMS Commission
Personnel Accountability System - Medical Information Sheet

Dept. ID No.: _____

Date: _____

Date of Birth: _____

Name: _____
(Last) (First) (Middle)

Gender: Male Female

Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____

Religion: _____

Medical History: _____

Allergies: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

Current Medications: _____

Emergency Contact Person: _____

Phone Number: _____

Physician: _____ Phone: _____

Organ Donor: Yes No