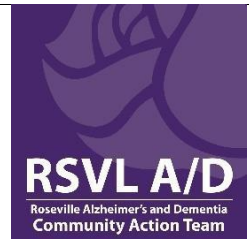


# Emergency Travel Medical Form



|   |        |        |            |           |            |                |                |                                      |                          |  |
|---|--------|--------|------------|-----------|------------|----------------|----------------|--------------------------------------|--------------------------|--|
|   |        |        |            |           |            |                |                |                                      | <b>DATE COMPLETED:</b>   |  |
| FIRST NAME  |        |        | INITIAL    |           |            | LAST NAME      |                |                                      | YEAR of BIRTH            |  |
| STREET  |        |        | CITY       |           |            | STATE          |                | ZIP                                  | PHONE                    |  |
| MALE/ FEMALE  | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR | BLOOD TYPE | DNR ?<br>Y / N | DNI ?<br>Y / N | LIVING WILL ?<br>Y / N               | POLST ?<br>Y / N         |  |
| List Hearing Difficulties   |        |        |            |           |            |                |                | DENTURES<br>UPPER / LOWER            | UNABLE TO SPEAK<br>Y / N |  |
| List Vision Difficulties  |        |        |            |           |            |                |                | PRIMARY LANGUAGE<br>(IF NOT ENGLISH) |                          |  |
| Identifying Marks (e.g. birth marks, scars, tattoos, etc.)                          |        |        |            |           |            |                |                |                                      |                          |  |
| Current Medical Conditions, including Allergies (attachment ? Y / N)                |        |        |            |           |            |                |                |                                      |                          |  |
| Current Medications: Dosage & Frequency (attachment ? Y / N)                        |        |        |            |           |            |                |                |                                      |                          |  |
| Allergies to Medications (attachment ? Y / N)                                       |        |        |            |           |            |                |                |                                      |                          |  |
| Doctor's Name & Phone Number (attachment ? Y / N)                                   |        |        |            |           |            |                |                |                                      |                          |  |
| Special Instructions, such as Health Care Directive, etc. (attachment ? Y / N)      |        |        |            |           |            |                |                |                                      |                          |  |
| Health Insurance Policies   |        |        |            |           |            |                |                |                                      |                          |  |
| <b>Emergency Contacts - Name, Address, Phone Number &amp; Relationship</b>          |        |        |            |           |            |                |                |                                      |                          |  |
| <b>PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK &amp; STORE in Document Travel Bag</b> |        |        |            |           |            |                |                |                                      |                          |  |

# How to Fill Out Your **Emergency Travel Medical Form**

## 1. Fill Out the **Emergency Travel Medical Form**

- a. Make blank copies of this form so you can later update information,
- b. Fill out the **Emergency Travel Medical Form** located on reverse side.  
Answer all or any pertinent questions. All fields are optional.

## 2. Prepare Your Plastic Baggie

- a. Write **Emergency Travel Medical Form** on the front of a plastic freezer baggie.
- b. Fold filled out **Emergency Travel Medical Form** and place in the baggie.
- c. You may also consider adding copies of the following items:
  - **DNR** (Do Not Resuscitate),
  - **DNI** (Do Not Intubate)
  - **Living Will** or Equivalent
    - (Advance Care Directive or Health Care Directive),
  - **POLST** (Physician Orders for Life-Sustaining Treatment)
  - Recent Photo of PWD (person with dementia)
  - Recent Photo of PWD with care partner

## 3. Place in **Document Travel Bag**

Place the **Emergency Travel Medical Form** baggie in  
**Document Travel Bag** so your medical info is available if needed.

## 4. Place **Document Travel Bag** in your **Memory Minders: Travel Kit**