

Medical Emergency Information for Professional Driver

My Contact Info Full Name: _____ Address: _____ City, State, Zip Code: _____ Phone Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	Today's Date: _____
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To Whom It May Concern In Case of Emergency:

In the event of an emergency, please call _____, my _____, at _____ Home Work Cell.

I drive for:

Trucking company's name: _____

Trucking company's address: _____

If different, my terminal's location: _____

Trucking company's phone: _____

My driver code: _____ My tractor number: _____

My driver manager's name: _____

My driver manager's phone number: _____

If these people cannot be reached, please call _____, my next of kin (_____), at _____ Home Work Cell.

In the event that I must be hospitalized or treated medically, I take these:

- Prescription medications: _____
this frequently: _____.
- Over the counter (OTC) drugs: _____
this frequently: _____.
- Vitamins/supplements: _____
this frequently: _____.

Furthermore,

- I do wear do not wear glasses contact lenses.
- I have this medical condition: _____.
- I am allergic to: _____.
- My blood type is _____ and if a blood transfusion is recommended, I do want do not want to receive blood products.
- If intubation/resuscitation becomes necessary, I:
 do want to receive do not want to receive see DNR/DNI order.
- I am am not an organ donor.
- My insurance provider's name: _____.
- My insurance policy number: _____.

This is for informational purposes only and is not a legal document.
Please keep this information confidential. Thank you.

Sincerely,

_____ (sign name)

_____ (print name)