Palm Beach CIVIC ASSOCIATION

To complete the form electronically go to: palmbeachcivic.org (561) 655-0820

PERSONAL MEDICAL INFORMATION

Date: _____

Name: _____

Address: _____

Phone #: _____

Sex: M ☐ F ☐ Date of Birth: / /

EMERGENCY CONTACTS: Doctors

Primary: _____

Address: _____

Phone #: _____

2nd Dr.: _____

Address: _____

Phone #: _____

3rd Dr.: _____

Address: _____

Phone #: _____

EMERGENCY CONTACTS: Family

Relationship: _____

Address: _____

Phone #: _____

Relationship: _____

Address: _____

Phone #: _____

Relationship: _____

Address: _____

Phone #: _____

Special Instructions for Emergency Contacts:

_____

_____

MEDICAL INSURANCE

Primary Insurance: _____

Policy #: _____

Secondary Insurance: _____

Policy #: _____

MEDICAL DATA

Have had COVID-19 Yes ☐ Date _____ No ☐

Diabetic Yes ☐ No ☐ Taking Insulin Yes ☐ No ☐

Allergies: _____

_____

_____

	Vaccine			Date
1.	COVID-19	Yes ☐	No ☐	
2.	Flu	Yes ☐	No ☐	
3.	Pneumonia	Yes ☐	No ☐	
4.	Shingles	Yes ☐	No ☐	
5.	Tetanus	Yes ☐	No ☐	
6.		Yes ☐	No ☐	

Medication	Dosage	Frequency

Recent Surgery, Implant, Stents or Special Conditions	Date

Religion: _____

Living Will on file at:

_____

Health Care Proxy on file at:

_____

Do you have an **EMS-NO CPR** or **DNR** form? YES ☐ NO ☐

Where is it located? _____