

# Crew Medical Disclosure Form

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contacts (name and phone):

\_\_\_\_\_

\_\_\_\_\_

## Medical Conditions/History:

Examples: diabetes, CHF, epilepsy, stroke, etc. (Dates where applicable.)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

## Allergies :

**Medication allergies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other allergies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**More Information on Other Side**

## Medications :

Medication	Dose	Frequency

## Directives / Expectations

Check one:

☐ I have a formal DNR or advanced directive (see attached or specify location)

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☐ I do *not* have a formal DNR, but I want the crew to know:

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☐ I have *no* directives and expect full lifesaving measures to be attempted

## Other Notes for Responders/Crew:

## Signature and Date

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Signature

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Date