City of Peoria Fire Department
Emergency Medical Services

Medical Information Form

Current Medications: Please list all current medications you are taking, including over the counter (aspirin, antacids, and vitamins etc.) **Be sure to keep your medication list updated.** Take this medication list to all of your doctor visits and make sure the doctor keeps this form updated.

Allergies (Check all that apply)

☐ No Known Allergies	☐ Codeine	☐ Penicillin	☐ Other
☐ Latex	☐ Morphine	☐ Aspirin	_____
☐ Demerol	☐ Insect Sting	☐ Sulfa	_____
			_____

Medication_____ Dosage_____

Reason for taking_____ Directions_____

Doctor's Name_____ Begin Date_____ End Date _____

Medication_____ Dosage_____

Reason for taking_____ Directions_____

Doctor's Name_____ Begin Date_____ End Date _____

Medication_____ Dosage_____

Reason for taking_____ Directions_____

Doctor's Name_____ Begin Date_____ End Date _____

--- **More** ---

Medication_____ Dosage_____

Reason for taking_____ Directions_____

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