



MANSFIELD FIRE DEPARTMENT

10 Plymouth Street
Mansfield, MA 02048
Tel 508/261-7493
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Lt. Justin Desrosiers NRP
EMS Officer
508-851-6469
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www.mansfieldma.com/firedept.html

Mansfield Fire Medical Information Form

Name: _____

Sex: Male / Female

Address: _____

Phone: _____

SS# _____

D.O.B. _____

Doctor: _____ Parent/Guardian Name & Phone # _____

Preferred Hospital _____

Past Medical History

Heart (cardiac disease) _____

Pacemaker _____

High cholesterol _____

Angina _____

Coronary Bypass _____

Seizure _____

Diabetes _____

Cardiac cath. _____

CVA (Stroke) _____

Cancer: _____

Implanted defib. _____

Dementia (Alzheimers) _____

Cataracts _____

High Blood Pressure (hypertension) _____

COPD _____

Asthma _____

OTHER: _____

Medications (Name & Dose)

Allergies: _____

Medical Insurance

Medical Insurance Co. _____

Policy # _____

Other Meds INS Co: _____

Policy # _____

Release

I understand in completing and signing this form I have given my consent to allow Mansfield Fire Dept. to use the information provided to help in assisting me and the members of my household in care and comfort during an emergency or evacuation. I understand that the information I have given is held by the department in strict confidence, and will not be given to any other individual or agency unless I so desire and a request in writing.

Name – Printed

Signature

Any Special Instructions: