Fill out the form, print *two* copies, double sided and cut along the outer dotted line. One copy will be provided to your road captain and you will be given a plastic sleeve for the other.

INSURANCE INFORMATION			NAME		
COMPANY	POLICY#	PHONE	ADDRESS		
			CITY	STATE	ZIP
			PHONE ()		
			DATE OF BIRTH		MALE FEMALE
MEDICARE #			RELIGION		
PHYSICIANS		PHONE	DATE THIS MEDICAL FORM	M WAS COMPLETED /	1
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DR.	()	+ EMERGE	NCY MEDICAL R	ECORD +
	RSON(S) OR ORGANIZATION(ON LIVING WILL OR DONOR IN		AMERICAN	American	LEGION
			EGIONS RIDERS	AMERICAN RIDEI (317) 630- www.legion	RS 1 265
NAME PHONE () NAME			REGIONA RIDERS	RIDEI (317) 630-	RS 1265 .org/riders
NAME PHONE () NAME PHONE ()			ATTENTION IN CASE OF E NAME	RIDEI (317) 630- ⇔ www.legio n.	RS 1265 .org/riders
NAME PHONE () NAME PHONE () PHARMACIST PHARMACY LOCATION PHONE () BLOOD TYPE	PAX () HEIGHT	NFORMATION	ATTENTION IN CASE OF E NAME ADDRESS	RIDEI (317) 630- (317)	RS 1265 .org/riders
INFORMATION (NAME PHONE () NAME PHONE () PHARMACIST PHARMACY LOCATION PHONE () BLOOD TYPE DATE OF YOUR LAST TETAN	FAX () HEIGHT	NFORMATION	ATTENTION IN CASE OF E NAME	RIDE1 (317) 630- (3 www.legion) POLICE & MEDICAL PER	RS 1265 .org/riders SONNEL
NAME PHONE () NAME PHONE () PHONE () PHARMACIST PHARMACY LOCATION PHONE ()	FAX () HEIGHT US SHOT	NFORMATION	ATTENTION IN CASE OF E NAME ADDRESS CITY	RIDEI (317) 630- (317)	RS 1265 .org/riders SONNEL

I AM TAKING THE FOLLOWING MEDICATIONS INCLUDING OVER THE COUNTER AND HERBAL PRODUCTS

DRUG NAME	STRENGTH	DOSAGE	HOW OFTEN/WHEN	WHAT IT IS FOR

HAVE THIS VERIFIED BY YOUR PHYSICIAN OR PHARMACIST EACH VISIT. KEEP THIS CARD WITH YOU AT ALL TIMES.

MEDICAL CONDITIONS (DIABETES, ETC.)	ALLERGIES (PENICILLIN, SULFA, ETC.)	REACTION TO ALLERGIES