

## La Verne Fire Department History/Allergies/Medications Program

Personal Information		Allergies to Medications	
Name			
Address			
Phone			
Birth Date	Current Date		
Emergency Contact		Primary Physician	
Name		Name	
Phone		Phone	Hospital
Medical History	Check Box	Current Prescription Medications	
Heart Problems	<input type="checkbox"/>	1	9
High Blood Pressure	<input type="checkbox"/>	2	10
CHF (Congestive Heart Failure)	<input type="checkbox"/>	3	11
Stroke	<input type="checkbox"/>	4	12
Cancer (Type)	<input type="checkbox"/>	5	<b>Other Information</b>
COPD (Asthma, Emphysema)	<input type="checkbox"/>	6	
Seizures	<input type="checkbox"/>	7	
Diabetes	<input type="checkbox"/>	8	

Print Form  
and fill out information

Mail or return to:  
La Verne Fire Department  
2061 Third St.  
La Verne, CA 91750

For help or questions contact  
(909)-596-5991