# Emergency Travel Medical Form

Available at [www.cityofroseville.com/dementiainfo](http://www.cityofroseville.com/dementiainfo)

<table>
<thead>
<tr>
<th>DATE COMPLETED:</th>
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<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>INITIAL</th>
<th>LAST NAME</th>
<th>YEAR of BIRTH</th>
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<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE</th>
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<tr>
<th>MALE/ FEMALE</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>HAIR COLOR</th>
<th>EYE COLOR</th>
<th>BLOOD TYPE</th>
<th>DNR</th>
<th>DNI</th>
<th>LIVING WILL</th>
<th>POLST</th>
</tr>
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<tbody>
<tr>
<td>Y / N</td>
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</tbody>
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List Hearing Difficulties

List Vision Difficulties

Identifying Marks (e.g. birth marks, scars, tattoos, etc.)

Current Medical Conditions, including Allergies  (attachment Y / N)

Current Medications: Dosage & Frequency  (attachment Y / N)

Allergies to Medications (attachment Y / N)

Doctor’s Name & Phone Number  (attachment Y / N)

Special Instructions, such as Health Care Directive, etc.  (attachment Y / N)

Health Insurance Policies

**Emergency Contacts** - Name, Address, Phone Number & Relationship

PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK & STORE in Document Travel Bag
How to Fill Out Your **Emergency Travel Medical Form**

1. **Fill Out the Emergency Travel Medical Form**
   a. Make blank copies of this form so you can later update information, or download a blank copy of this form at [www.cityofroseville.com/dementiainfo](http://www.cityofroseville.com/dementiainfo).
   b. Fill out the **Emergency Travel Medical Form** located on reverse side. Answer all or any pertinent questions. All fields are optional.

2. **Prepare Your Plastic Baggie**
   a. Write **Emergency Travel Medical Form** on the front of a plastic freezer baggie.
   b. Fold filled out **Emergency Travel Medical Form** and place in the baggie.
   c. You may also consider adding copies of the following items:
      - **DNR** (Do Not Resuscitate),
      - **DNI** (Do Not Intubate)
      - **Living Will** or Equivalent
        - (Advance Care Directive or Health Care Directive),
      - **POLST** (Physician Orders for Life-Sustaining Treatment)
      - Recent **Photo** of PWD (person with dementia)
      - Recent **Photo** of PWD with care partner

3. **Place in Document Travel Bag**
   Place the **Emergency Travel Medical Form** baggie in **Document Travel Bag** so your medical info is available if needed.

4. **Place Document Travel Bag**
   in your **Memory Minders: Travel Kit**