

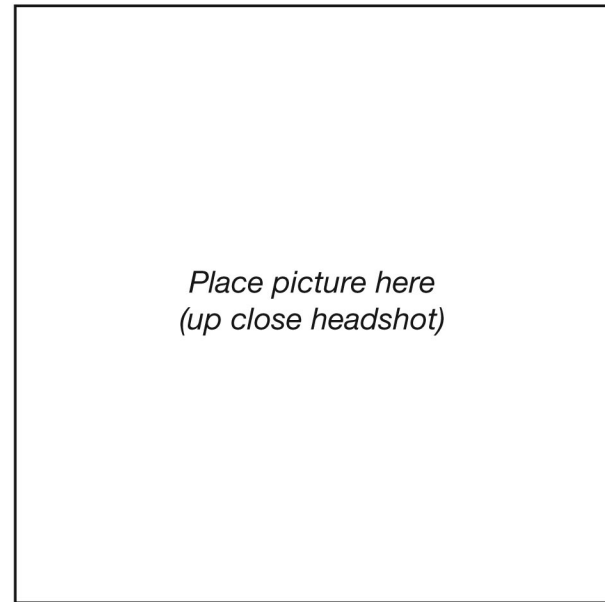


www. **YELLOWDOTILLINOIS.org**

Distributed by:



**Illinois Department
of Transportation**
Division of Traffic Safety



Name _____

Birthdate _____

Sex: Male Female

Blood type _____

Allergies _____

Diabetic?

Insulin Dependent?

Pacemaker?

Other? _____

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Please complete **IN PENCIL** to facilitate updates as information changes. **Include Area Codes with all phone numbers.**

Date *(update this anytime information changes)* _____

Medical Conditions

Medications/Doses *(Generic Name if Known & date prescribed)*

Medical Insurance

Provider _____

Group # _____

ID # _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

FAMILY PHYSICIAN

Name _____

City/State _____

Office Phone _____

OTHER INFORMATION
