

**Appendix III — MEDICAL DATA FORM**

Complete carefully, legibly and accurately. See accompanying literature.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE [ \_\_\_\_\_ ] \_\_\_\_\_

SOCIAL SECURITY/CITIZENSHIP NO. \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ RELIGION \_\_\_\_\_

DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PERSON TO NOTIFY \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

BLOOD TYPE (SPECIFY) \_\_\_\_\_

BLOOD PRESSURE:  HIGH  LOW

ALLERGIES—  PENCILLIN  SULFA DRUGS

OTHER (SPECIFY) \_\_\_\_\_

DIABETES  EMPHYSEMA  ASTHMA  HEPATITIS

OTHER DISORDERS \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

PLEDGED ORGANS IN CASE OF BRAIN DEATH :

EYES  KIDNEYS  LIVER  HEART  PANCREAS

OBJECTION (IF ANY) \_\_\_\_\_

The foregoing information is true and correct to the best of my knowledge. I hereby agree to hold above-named organization harmless from any and all claims, demands or liabilities for whatever reason, including said organization's negligence or that of any attending medical personnel.

\_\_\_\_\_  
[DATE] [SIGNATURE]

**Appendix III — Medical Data Form** **SAMPLE**

Complete carefully, legibly and accurately. See accompanying literature.

NAME WILLIAM PHILIPPS

ADDRESS 153, ANY STREET

CITY ANY TOWN STATE U.S.A. ZIP 52174

PHONE [ 220 ] 751-4216

SOCIAL SECURITY/CITIZENSHIP NO. 314-712-1245

BIRTHDATE 9-23-1968 RELIGION CATHOLIC

DOCTOR CHOPRA TELEPHONE 751-662

PERSON TO NOTIFY BETTY PHILIPPS MANN

PHONE: HOME (220)751-4216 WORK (800)152-1764

BLOOD TYPE (SPECIFY) O - NEGATIVE

BLOOD PRESSURE:  HIGH  LOW

ALLERGIES —  PENCILLIN  SULFA DRUGS

OTHER (SPECIFY) INSECT BITES

DIABETES  EMPHYSEMA  ASTHMA  HEPATITIS

OTHER DISORDERS KIDNEY PROBLEM

CURRENT MEDICATIONS RATIDINE

PLEDGED ORGANS IN CASE OF BRAIN DEATH :

EYES  KIDNEYS  LIVER  HEART  PANCREAS

OBJECTION (IF ANY) \_\_\_\_\_

The foregoing information is true and correct to the best of my knowledge. I hereby agree to hold above-named organization harmless from any and all claims, demands or liabilities for whatever reason, including said organization's negligence or that of any attending medical personnel.

9-23-1999 William Philipps  
[DATE] [SIGNATURE]