

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

COMPANY POLICY # PHONE

MEDICARE # _____

PHYSICIANS PHONE

DR. ()
 DR. ()
 DR. ()

PLEASE CONTACT THE PERSON(S) OR ORGANIZATION(S) LISTED BELOW FOR INFORMATION ON LIVING WILL OR DONOR INFORMATION

NAME _____
 PHONE () _____
 NAME _____
 PHONE () _____

PHARMACIST _____

PHARMACY LOCATION _____

PHONE () FAX ()

BLOOD TYPE HEIGHT WEIGHT

DATE OF YOUR LAST TETANUS SHOT / /

DATE OF YOUR LAST PNEUMONIA SHOT / /

DATE OF YOUR LAST FLU SHOT / /

STOCK #: 30-082 ARTWORK #: 41MEM0711

NAME _____

ADDRESS _____

CITY STATE ZIP

PHONE () _____

DATE OF BIRTH MALE FEMALE

RELIGION _____

DATE THIS MEDICAL FORM WAS COMPLETED / /

+ EMERGENCY MEDICAL RECORD +



AMERICAN LEGION RIDERS

(317) 630-1265

www.legion.org/riders

ATTENTION POLICE & MEDICAL PERSONNEL

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME _____

ADDRESS _____

CITY STATE ZIP

PHONE () _____

LIVING WILL? YES NO DONOR? YES NO

DURABLE POWER OF ATTORNEY FOR HEALTH CARE? YES NO

