



Accountability Tag Information



Name: _____

Member Since: _____ Religion (Optional): _____

*Baseline Vitals: Blood Pressure: _____ / _____ Pulse: _____

Birth Date (mm/dd/yyyy): _____ / _____ / _____ Sex (M or F): _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Physician's Name: _____

Physicians' Phone Number: _____

Allergies: _____

Medications: _____

Medical History: _____

Organ Donor (Yes or No) (Optional): _____

*Baseline vitals can be taken at any time if you are unsure of what your "normal" is.

*****PLEASE FILL OUT AND RETURN TO DEPUTY CHIEF BOTKIN*****