



## Commission on Fire Prevention and Control

### *Connecticut Fire Academy* RECRUIT MEDICAL INFORMATION FORM

Please complete all information requested in the survey below. The information supplied by you will be used in the event of a medical emergency or serious injury to provide proper patient care and make appropriate notifications. Thank you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Student ID: \_\_\_\_\_

**ALLERGIES:** Please list any known allergies to medication, food, or environmental substances.

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** What medications (prescription or over-the-counter) are you currently taking?

\_\_\_\_\_  
\_\_\_\_\_

**PAST SIGNIFICANT INJURIES:**

What significant injuries (i.e.- back, knee, arm) have you had in the past or are currently being treated for?

\_\_\_\_\_  
\_\_\_\_\_

**RELEVANT MEDICAL CONDITIONS:**

What relevant medical conditions (i.e. – asthma, diabetes) have you had in the past or are currently being treated for?

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:**

Please list the names, addresses and phone numbers of three individuals (i.e. spouse, relative) to be contacted in the event of a medical emergency or serious injury.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_