ALCOA POLICE DEPARTMENT

VOLUNTEER MEDICAL INFORMATION FORM*

Name:		Date		
Address: Street	City	State	Zip Code	
Primary Care Physician		Physician's Phone		
Blood Type	Do you have heart problems?	Yes	No	
If yes, explain		WHATTHAM		
	ure?YesNo Are			
	ns you are currently taking			
	ic to			
Name	NOTIFY: Work Phone Relationsl	Cell Ph	one	
	Work Phone Relationsl			

*THE INFORMATION ON THIS FORM IS <u>STRICTLY VOLUNTARY</u>.

THIS FORM AND THE INFORMATION THEREIN <u>ARE NOT REQUIRED</u>

TO BE CONSIDERED FOR THE VIPS PROGRAM.

IT WILL ONLY BE USED IN CASE OF AN EMERGENCY.