



BEECHER FIRE PROTECTION DISTRICT

711 PENFIELD STREET BEECHER, ILLINOIS 60401

PHONE: 708-946-6585 www.beecherfire.org



CITIZEN FIRE ACADEMY PARTICIPANT MEDICAL INFORMATION

Name: _____

Birth Date: _____

In an emergency, who would you like called?

NAME:

PHONE NUMBER

1) _____

2) _____

3) _____

Your primary doctor's name is: _____

What type of medical conditions should we know about?

(Check any that apply to you)

- ☐ Cardiac/Heart Problems
- ☐ Breathing/Respiratory
- ☐ Stroke
- ☐ Diabetes
- ☐ Vision/Hearing problems

Other Conditions or Problems: _____

Are you allergic to anything? ☐ No ☐ Yes, What: _____

What medication do you take? _____
