

Richland County Sheriff's Department



LEON LOTT
Sheriff

MEDICAL PROFILE

EXPLORER AGENCY: _____
Explorer's Full Name: _____
Date of Birth: _____ Sex: _____ Ethnicity: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Parent's/Legal Guardian Phone: _____
Emergency Contact Phone: _____

ALL MEDICATIONS MUST PROPERLY LABELLED AND IN ORIGINAL CONTAINERS

LIST ALLERGIES

LIST ALL MEDICATIONS & DOSAGE

MEDICAL HISTORY (IF YES EXPLAIN)

Y N ASTHMA _____
Y N BLEEDING DISORDER _____

Y N DIABETES _____
Y N EPILEPSY / SEIZURE _____
Y N BROKEN BONES _____
Y N HEADACHES _____
Y N HEARING PROBLEMS _____
Y N HEART CONDITION _____
Y N HIGH BLOOD PRESSURE _____
Y N THYROID DISORDER _____
Y N VISION PROBLEMS _____

PLEASE CIRCLE YES OR NO

Can You Swim: Y or N
Are You Pregnant: Y or N
Do You Wear Contact Lenses: Y or N
Chemical Or Alcoholic Dependant: Y or N
Do you carry an inhaler for asthmas: Y or N
Any recent sprains or fractures: Y or N
If so, explain _____

TETANUS SHOT Date of Last tetanus shot _____

Physician's Name/Office _____

Phone Number : _____

Medical Insurance Carrier: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Policy Number: _____

Group Number: _____

List Additional Medical Information (Medically or Physiologically)

