

 **Emergency Medical Information**  
 Memphis Harley Owners Group  
 www.memphishog.com

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_  
 Current Meds: \_\_\_\_\_  
 Allergies to Meds: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 Medical History: \_\_\_\_\_

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**Emergency Contact:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Physician / Insurance:**  
 Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 Member Number: \_\_\_\_\_

**Blood Type**

← 1) Cut along outside line

← 2) Fold at dotted line

**IMPORTANT: When you print the card from Adobe Acrobat make SURE you set the PAGE SCALING option to NONE!**

