

Medical Emergency Information Form

How to Use This Template

Fill in all applicable sections

Replace the prompts and blank lines with your own accurate personal, medical, and emergency information.

- Use clear, legible handwriting if completing by hand.
- If unsure about any medical details (e.g., blood type), write "Unknown."

Provide up-to-date information

Ensure that all names, contact numbers, medical aid details, and medications are current. Outdated information may delay emergency treatment.

Consult your doctor if necessary

If you have chronic conditions, implants, allergies, or special medical considerations, confirm the correct terminology or details with your healthcare provider.

Optional: Attach supporting documents

You may include copies of:

- Medical aid membership card
- ID or passport
- Recent medical reports
- Prescription lists

Sign and date the form (optional)

The signature section confirms that the information is accurate to the best of your knowledge.

Share the completed form

Keep the form easily accessible and provide copies to:

- A family member or partner
- Your workplace or HR department (if required)
- Schools, caregivers, or organisations responsible for your care
- Your primary doctor or specialist

Update it regularly

Review the form every 6–12 months, or sooner if your medical conditions, medications, or emergency contacts change.

DISCLAIMER:

This Medical Emergency Information Form is provided by **Bilnor Staffing Solutions** for information-sharing purposes only. It is **not a legally binding document** and does not replace professional medical advice or treatment. All information is supplied voluntarily by the individual, and **Bilnor Staffing Solutions accepts no responsibility for errors, omissions, or outdated details** contained in the completed form. Emergency personnel may use this information to assist in treatment, but outcomes cannot be guaranteed. Individuals remain fully responsible for keeping their details accurate and up to date.

1. Personal Details

Full Name:	
ID Number:	
Date of Birth:	
Address:	

2. Emergency Contacts

Primary Emergency Contact:

Name:	
Relationship	
Cell:	

Secondary Emergency Contact:

Name:	
Relationship:	
Cell:	

3. Medical Aid / Insurance

Medical Aid Provider:	
Plan Name:	
Membership Number:	
Main Member:	
Emergency Number for Medical Aid:	

4. Medical Practitioner

Family Doctor / GP:	
Practice Name:	
Telephone:	
Address:	

5. Medical Information

Blood Type (if known):

- A+
- A-
- B+
- B-
- AB+
- AB-
- O+
- O-

Allergies (medication, food, latex, etc.):

Chronic Conditions (e.g. diabetes, hypertension, epilepsy):

Current Medication (name, dose, frequency):

Past Major Surgeries or Operations:

6. Special Instructions

Any particular treatment considerations, implants (pacemaker, stent, joint replacements), or other important notes:

7. Organ Donor Status

- I am registered as an organ donor.
- I am not an organ donor.
- Unsure.

Additional Notes:

8. Consent & Signature (Optional)

Additional Notes:

This information is accurate to the best of my knowledge on the date signed.

Signature: _____ Date: _____