

## Cleveland Chapter Harley Owner's Group Medical Information Card

Emergency Medical Information	
Cleveland Chapter Harley Owners Group www.clevelandchapterhog.com	
Name: _____	D O B : _____
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: _____	<b>Blood Type</b>
Policy Number: _____	
Group Number: _____	
Member Number: _____	

1) Fill in the form on the left. Enter as much or as little information as you wish. **NOTHING** is stored anywhere on any computer by you entering this information.

2) Cut along outside line

3) Fold at dotted line

4) Bring completed card to the next chapter meeting to have it laminated

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

