

BERGEN COUNTY SHERIFF'S OFFICE

GOLD STAR EMERGENCY IDENTIFICATION PROGRAM

LEO P. McGUIRE
SHERIFF

Personal Identification Information

Last Name: _____ First Name: _____ Sex: _____

Address: _____ Apartment/Floor: _____

City: _____ State: _____ Zip Code: _____

D.O.B.: _____ Telephone: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars/Marks/Tattoos: _____

Social Security Number: _____ Marital Status: _____

Blood Type: _____ Allergies: _____

Medical Information- Check if you have any of the following:

<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Stroke	<input type="checkbox"/> Dentures
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Prosthesis
<input type="checkbox"/> Seizures	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Eyeglasses

Other Medical Conditions: _____

Are you taking medication for listed medical conditions: Yes ____ No ____

List medications presently taken for medical conditions:

Medications	Dose	Frequency Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician Name: _____ Physician Number: _____

Emergency Contact Information

Last Name: _____ First Name: _____

Address: _____ Apartment/Floor: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Relationship: _____