

CANADA FISHING CLUB

VOLUNTARY MEMBER'S MEDICAL INFORMATION FORM

Member's Name	
Address	
Phone #	
Date of Birth	
Medical insurance carrier name	
Medical ins Group & Member #	
Physician's name	
Physician's phone #	
Emergency Contact Name	
Emergency Contact Number	
Current medications (list names)	
Illnesses or Conditions For Which You Are Being Treated (if you smoke, how many years and how many packs per day; if you stopped, when	
Past Surgeries or Hospitalizations	
Any Other Information You Would Like Included	

All information above other than Name, Address, and Date of Birth are given voluntarily by the member, held to be confidential, and may be withdrawn by the member at any time. Other information above will be used ONLY in the event of a MEDICAL EMERGENCY of the member. Information sheets will be held in the custody of the Secretary of the Club or his or the President's designee.
