



**Cumberland Fire Department Quick Reference Card**



**Legal Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Major Medical History:** \_\_\_\_\_  
\_\_\_\_\_

**Prescribed Medications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Allergies:** \_\_\_\_\_

**Hospital Preference** (*Circle One*): Maine Medical Center or Mercy



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