



City of Medford, MA 02155

Health Care Indicator Form

PLEASE PRINT CLEARLY

Part I

Name(s): _____

Address: Street _____ Apt # _____

Home Tel: _____ Cell Number: _____

Number of persons residing in the home _____

Do you have pets in the home? Yes No

Number of: Dogs _____ Cats _____ Other _____

What is the primary language spoken in the home? If other than English _____

Are there persons living in the home who speak English? Yes No

If yes, please name the person _____

Whom should we call in case of an emergency who lives outside the home?

Name: _____ Relationship: _____

Address: Street _____ Apt # _____

City: _____ State: _____ Tel: _____ Cell Number: _____

Please complete **Part I** even if you do not have a medical condition.

Return form in the self-addressed envelope.

Part II

Medical Conditions in The Home

***Are there any persons in your home with a medical condition such as:**

	<u>Yes</u>	<u>No</u>	<u>Name(s)</u>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breathing/Lung	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____			_____

***Are there any persons in your home with a physical or mobility impairment who requires special assistance?**

	<u>Yes</u>	<u>No</u>	<u>Name(s)</u>
Cane/Walker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheel Chair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bed Bound	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____			_____

Please Print Clearly

***Are there any persons in your home that are:**

	<u>Yes</u>	<u>No</u>	<u>Name(s)</u>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech Impaired	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deaf	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there a TTY in the home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

***Are there any persons in your home with a cognitive disability such as:**

	<u>Yes</u>	<u>No</u>	<u>Name(s)</u>
Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Health (psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____			_____

***Are there any other medical or health care conditions, which would require special attention or precautions by the Police, Fire, or Ambulance personnel when they arrive in your home?**

Yes No

Please Describe: _____

***In your home is there any oxygen or other life support equipment or any electrical medical equipment?**

Yes No

Please Describe: _____

***Did you complete a Medford Health Care Indicator Before?**

Yes No

**Please return in the self-addressed envelope
as soon as possible.**

Confidentiality

The information provided will assist public safety personnel in responding to an emergency 9-1-1 call. The information is voluntary. The information is confidential with the exception of when necessary to communicate the report on radio form the 9-1-1 Dispatch Center to public safety officials going to the emergency address.

Indemnification Form

By signing this document, I understand that I am responsible for the health care information provided and for the notifying the 9-1-1 Communication Center of any changes with regard to this health care information. I further agree I will indemnify and hold the 9-1-1 Communications Center and City of Medford, it's agents and employees harmless from and against any claims, suits and proceedings (including attorneys fees associated therewith) resulting from or arising out of the initial provision or updating of this information.

I understand this information will remain as part of my 9-1-1 record until such time as I notify the 9-1-1 Communication Center to change or delete the same.

Mail changes to: Captain Barry Clemente
Medford Police Department
9-1-1 Combined Dispatch Center
100 Main Street
Medford, MA 02155

Signed: _____ Date: _____

TEAR THIS PORTION AND RETAIN FOR YOUR RECORDS

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