

	<b>Lower Providence Emergency Medical Service Standard Operating Guidelines</b>	
	<b>Subject:</b> <i>Infection Control</i> – Confidential Medical Record Form	<b>SOG #300-001K</b>
	<b>Approved:</b> Chief Christopher J. Reynolds	<b>Initiated:</b> January 2022  <b>Revised:</b> N/A

**Medical Record**

**CONFIDENTIAL INFORMATION**

<p><b>Name:</b> _____ <b>Date:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>email:</b> _____</p> <p><b>Social Security Number:</b> _____ <b>Date of Birth:</b> _____</p> <p> <input type="checkbox"/> EMT-B              <input type="checkbox"/> EMT-A              <input type="checkbox"/> EMT-P              <input type="checkbox"/> PHRN         </p> <p><b>Emergency Contact:</b> _____</p> <p><b>Best number to contact:</b> _____</p> <p><b>Relationship:</b> _____</p>		
<p><b>HEPATITIS B Vaccination</b> <b>(HVB)</b></p> <p><b>Dates:</b></p> <p>#1 _____</p> <p>#2 _____</p> <p>#3 _____</p> <p><b>Booster:</b> _____</p>	<p><b>Dates of HVB Titer &amp; Antibodies results:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Past Medical History:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>Measles</b> _____	<b>Other Vaccinations:</b>	<b>Medications:</b>	<b>Notes &amp; Updates:</b> _____ _____ _____ _____ _____ _____
<b>Mumps</b> _____	_____	_____	
<b>Rubella</b> _____	_____	_____	
<b>(MMR)</b>	_____	_____	
<b>Dates</b> _____	<b>Chicken pox</b>	_____	
<b>Booster Dates:</b> _____	_____	<b>Allergies:</b>	
	_____	_____	

All medical records will be held in the highest level of security & confidentiality. The Designated Infection Control Officer is the only person that shall have access to this sensitive material. Medical records will be reviewed annually, and members are expected to notify the Designated Infection Control Officer of any significant changes that need to be adjusted within this file. This medical record may be used for information purposes in the event of an incapacitating injury while on duty at Lower Providence Emergency Medical Service.

*Heather A. Staley,*  
NREMT-P & Designated Infection Control Officer

Statement of Compliancy

I affirm that all the information disclosed in this medical record is true to the best of my knowledge. I also fully understand that LPEMS, and the appointed Designated Infection Control Officer will not be held accountable or negligent if the information that I have disclosed is inaccurate. Additionally, I fully understand that I am responsible for notifying the Designated Infection Control Officer if I have updated information pertinent to this medical record.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

Receiving Infection Control Designated Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_