



All members of the 4<sup>th</sup> Alabama Cavalry Co B are required to complete and file a medical form. A copy should be placed in a sealed envelope with your name on the outside and given to the Company Secretary. A second copy should be carried on your person (enlisted men: cartridge box, officers: jacket pocket; ladies: reticule). One of these envelopes will be given to attending medical personnel to open in case of a medical emergency only.

NAME		RANK	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL	DOB	BLOOD TYPE

### EMERGENCY CONTACT

NAME		RELATIONSHIP	
PHONE(S) Specify whether the numbers are home, business, cell, etc.			
ALTERNATE CONTACT NAME		RELATIONSHIP	
PHONE(S) Specify whether the numbers are home, business, cell, etc.			

### MEDICAL INFORMATION

Insurance Carrier & Number: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Current Medications & Dosage: \_\_\_\_\_  
 Physician (name & address): \_\_\_\_\_



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