



911 ALERT

CRUZ ROJA MEXICANA ROSARITO – C4

DATE: _____

NAME: _____

DATE OF BIRTH: _____

NATIONALITY: _____

PHONE INFORMATION:

LAND LINE (home): _____

CELL PHONE: _____

OTHER: _____

MX ADDRESS: _____

DEVELOPMENT: _____

IN BETWEEN STREETS: _____

HOUSE COLOR: _____

OTHER: _____

MEDICAL:

BLOOD TYPE: _____ TYPE OF DISABILITY: _____

WHAT MEDICATIONS ARE YOU TAKING:

NAME: _____ MILLIGRAMS _____ MEDICAL ALLERGIES:

NAME: _____ MILLIGRAMS _____

NAME: _____ MILLIGRAMS _____

NAME: _____ MILLIGRAMS _____

NAME: _____ MILLIGRAMS _____

NAME: _____ MILLIGRAMS _____

IN CASE OF EMERGENCY CALL:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CELL PHONE: _____ LAND LINE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CELL PHONE: _____ LAND LINE: _____

COVID QUESTIONNAIRE
Vaccinated? Yes <input type="checkbox"/> No
Which vaccine? _____
Date of final vaccination: _____

HEALTH INSURANCE
