

**Current Medication (s)**

(prescribed and over the counter)

---

---

---

**Recent Surgery (ies)**

---

---

---

**Medical Condition (s)**

---

---

---

**Preferred Hospital**

\*Notwithstanding the inclusion of a preferred hospital, in the event of an emergency, you will be taken to the nearest available hospital in accordance with medical emergency standards.

---

---

---

**Notes** Regarding Your Conditions or Medications:

---

---

---

**You must update this information immediately following any change in your personal or medical information, including your condition(s) or medication(s). If you need a new brochure, call 311 for locations to pick up one for free or visit our website at [Broward.org/Yellowdot](http://Broward.org/Yellowdot)**



[Broward.org/Yellowdot](http://Broward.org/Yellowdot)

Email: [BCYellowDot@broward.org](mailto:BCYellowDot@broward.org)  
Customer Service 954.831.4000 or 311

**Legal Disclaimer:**

The personal and medical information you have voluntarily provided in this Yellow Dot pamphlet is confidential in nature. By completing and signing this pamphlet, you agree to the disclosure of your information to law enforcement, public safety, emergency medical service, and hospital personnel, and to the use by such personnel of your information solely for the purposes of positively identifying you, determining whether you have a medical condition that might impede your communication, and enabling your current medications and preexisting medical conditions to be taken into account when rendering you treatment.

Neither Broward County, nor any of its employees or agents, shall incur any liability for their reliance on the information you provide or fail to provide in this pamphlet.

By voluntarily participating in Broward County's Yellow Dot Program, you hereby, to the full extent allowed under applicable law, release, acquit, and forever discharge Broward County, the Board of County Commissioners of Broward County, and current and former officials, employees, and other agents of Broward County, together with Broward County municipalities and their employees and agents, from any and all actions, causes of action, claims, demands, lawsuits, damages, costs, expenses, and compensation, which are now known, or may hereafter become known, on account of, or arising out of, any injury, condition, matter, or thing which happens, develops, or occurs as a result of your participation in Broward County's Yellow Dot program or your inclusion or exclusion of personal or medical information on this pamphlet.

150,000 copies of this pamphlet and decal were promulgated at a gross cost of \$26,430 or \$0.17 per pamphlet and decal to inform the public about this public safety initiative.

# It's all about the Dot **Yellow Dot**

*It could help save your life!*



CA201556898



# When you can't speak for yourself, who will?



The Broward County Yellow Dot Program may help save your or your loved one's life. A Yellow Dot decal displayed on your car's rear windshield or in a clearly visible location on your motorcycle alerts emergency responders to look for this Yellow Dot pamphlet in your car's glove compartment or a compartment attached to your motorcycle. This pamphlet may help emergency responders decide how to treat you if you are unable to communicate effectively following an accident.

The information you provide on this pamphlet is intended to be disclosed only to law enforcement, emergency responders and other medical personnel for the purposes of:

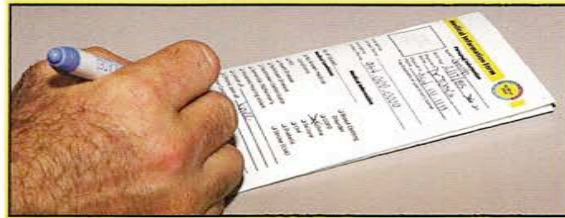
- Positively identifying you.
- Determining whether you have a medical condition that might impede your communication; and
- Ensuring that your current medications and pre-existing medical conditions are considered when treating you.

**By signing below you agree to participate in the Broward County Yellow Dot Program on the terms and conditions set forth herein.**

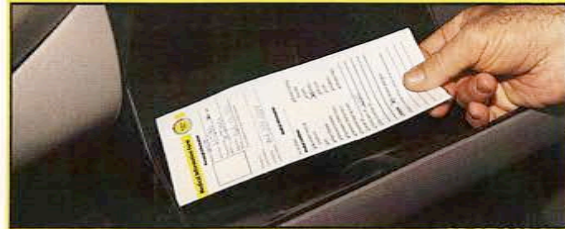
Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Want the Yellow Dot? Follow these simple steps to participate:



1. Completely and accurately fill out the blanks in this Yellow Dot pamphlet and sign on the space indicated for your signature.



2. Once filled out, put this Yellow Dot pamphlet in your car's glove compartment or a compartment attached to your motorcycle.



3. Peel off the Yellow Dot decal you received with this pamphlet and affix it to the lower left-hand corner of your car's rear windshield or in a clearly visible location on your motorcycle.

A person who rides in a motor vehicle as a passenger may also participate in the program but may not be issued a decal if a decal has been issued to the owner or lessee of the motor vehicle in which the person rides.

## Medical Information Form



### Personal Information

Attach Recent Photo

Name\*: \_\_\_\_\_

Birth Year: \_\_\_\_\_  M  F

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

\* as it appears on your driver's license

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### Medical Information

As of (date): \_\_\_\_\_

#### Medical Conditions

- |  |  |
|--|--|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Blood Clotting Disorder |
| <input type="checkbox"/> HIV                         | <input type="checkbox"/> COPD                    |
| <input type="checkbox"/> Heart Disease               | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Parkinson Disease           | <input type="checkbox"/> Seizure                 |
| <input type="checkbox"/> Pacemaker/Defibrillator     | <input type="checkbox"/> CHF                     |
| <input type="checkbox"/> Dementia /Alzheimer's       | <input type="checkbox"/> Diabetic                |
| <input type="checkbox"/> Impaired hearing/vision     | <input type="checkbox"/> Stroke (CVA)            |
| <input type="checkbox"/> Cancer of: _____            |  |
| <input type="checkbox"/> Chronic pain of: _____      |  |
| <input type="checkbox"/> Other Condition (s): _____  |  |

Allergies     No known allergies

Allergies (If checking this box, please list all allergies below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_