The Commonwealth of Pennsylvania is implementing a program that is designed to allow EMS practitioners to access health information for individuals injured in automobile crashes. The program is called Yellow DOT. Individuals who participate in this program will place health information in a yellow folder stored in their vehicle’s glove box and place a Yellow DOT sticker on the back window on the driver’s side.

If there are individuals injured in a car crash who are unable to communicate with first responders, the Yellow DOT sticker will alert EMS providers that health information is available in a yellow folder in the glove box.

Additional information and Yellow DOT materials are available through PennDOT driver services facilities, Health Department Clinics, Regional EMS Councils and Health Fairs.
Please Note: The Yellow Dot Program participant is responsible for the accuracy of the information on this sheet. Please complete information in pencil. Information should be updated every six months or whenever your information changes. Include area codes with all phone numbers.

Emergency Contacts

1) Name __________________________
   Address __________________________
   City/State _________________________
   Home Phone ________________________
   Cell Phone _________________________
   Work Phone _________________________

2) Name __________________________
   Address __________________________
   City/State _________________________
   Home Phone ________________________
   Cell Phone _________________________
   Work Phone _________________________

Hospital Preference

   (Transport to preferred hospital is not guaranteed.)

Medical Conditions/Recent Surgeries

   ________________________________
   ________________________________
   ________________________________
   ________________________________

   ________________________________
   ________________________________
   ________________________________
   ________________________________

Allergies

   ________________________________
   ________________________________
   ________________________________
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   ________________________________
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Medications

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<th>Medication</th>
<th>Dosage</th>
<th>How Often</th>
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Physician

Name __________________________
City/State ____________________
Office Phone ____________________
Pennsylvania Yellow Dot Program

This Folder Contains Medical Information