

**Surfside Beach EMS Community Health Check
Enrollment Form**

Name: _____

Address: _____

Phone Number: _____

Emergency Contact and Phone #

Pertinent Medical History: _____

Medications: _____

Allergies: _____

Special Medical Needs: _____

Preferred Visit Day: _____

Robert King

Director of EMS

979-665-0530

Return to: emsdirector@surfsidetx.org