

**National Yellow Dot Program**

|                                           |         |                     |             |        |        |           |            |      |           |        |
|-------------------------------------------|---------|---------------------|-------------|--------|--------|-----------|------------|------|-----------|--------|
| FIRST NAME                                | PAM     |                     | INITIAL     | B      | CITY   | ROCHESTER | STATE      | NY   | LAST NAME | MURPHY |
| STREET                                    | 3792    |                     |             |        | WEIGHT | 137       | HAIR COLOR | GRAY | EYE COLOR | BROWN  |
| DATE OF BIRTH                             | 8/16/51 |                     | MALE/FEMALE | FEMALE | HEIGHT | 5'3"      |            |      |           |        |
| List hearing difficulties                 |         | N/A                 |             |        |        |           |            |      |           |        |
| List vision difficulties                  |         | READING GLASSES     |             |        |        |           |            |      |           |        |
| Identifying Marks                         |         | 4" SCAR ON LEFT ARM |             |        |        |           |            |      |           |        |
| Current Medical Conditions                |         | ARTHRITIS, A        |             |        |        |           |            |      |           |        |
| Past Medical Conditions                   |         | HEART MURMUR        |             |        |        |           |            |      |           |        |
| Current Medications: Dosage and Frequency |         | IBUPROFEN WHEN      |             |        |        |           |            |      |           |        |
| Allergies to Medications                  |         | N/A                 |             |        |        |           |            |      |           |        |
| Doctors Name and Telephone Number         |         |                     |             |        |        |           |            |      |           |        |

