

YELLOW DOT PROGRAM

A YELLOW DOT in the rear window of your vehicle will alert First Responders to the vital information in your glove compartment. This will assist medical and emergency personnel during the first critical minutes, "The Golden Hour," after a crash or other emergency involving your vehicle.

The YELLOW DOT Program is a cooperative effort involving the Nassau County Police Department, the NCPD Emergency Ambulance Bureau, state and local police and local Fire Departments to assist our citizens in a time of need when they might not be able to help themselves.

Although the YELLOW DOT Program is geared primarily toward senior citizens, anyone may benefit through participation.

PLEASE COMPLETE THE FORM ON THE INSIDE OF THIS BROCHURE AND PLACE IN YOUR GLOVE COMPARTMENT, AND PLACE THE YELLOW DOT STICKER ON OUR LEFT REAR WINDOW (inside).

YELLOW DOT PROGRAM

The YELLOW DOT Program was created to assist drivers following automobile accidents when they might not be able to communicate for themselves.

By directing First Responders to critical contact and medical information, participants can assist in preserving the "Golden Hour" of emergency care.

This "Golden Hour" is the first 60 minutes after a serious crash that can make the difference between life and death for the critically injured.

Take Advantage of this FREE program.

For further information, call:
516-571-6000



NASSAU COUNTY EXECUTIVE

ED MANGANO

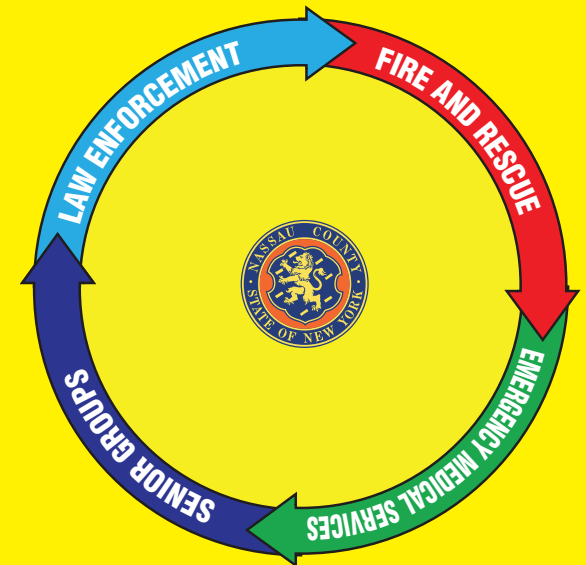
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NASSAU COUNTY YELLOW DOT PROGRAM



Assisting citizens when they might not be able to communicate for themselves.



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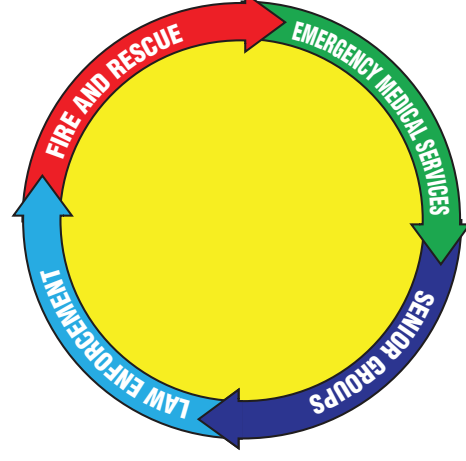
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YELLOW DOT PROGRAM



Instructions: Fill out one form for each person. Fold form and place in glove compartment. Place sticker on rear window.

Name: _____ Sex: M F

Address: _____

Doctor: _____ Phone: _____

Native Language: _____

MEDICAL CONDITIONS ✓ ALL THAT EXIST

- No known medical conditions
- Glaucoma
- Abnormal EKG
- Hard of Hearing
- Adrenal Insufficiency
- Heart Valve Prosthesis
- AIDS
- Hemodialysis
- Alcohol Addiction
- Hypertension
- Alzheimer's
- Internal Defibrillator
- Angina
- Irregular Heart Rhythm
- Anxiety
- Kidney Failure
- Asthma
- Laryngectomy
- Behavior
- Leukemia
- Bleeding Disorder
- Lung Disease/Emphysema
- Blind
- Lymphomas
- Cancer
- Malignant Hypothermia
- Cardiac Dysrhythmia
- Memory Impaired
- Cataracts
- Mental Illness
- Congestive Heart Failure
- Mental Retardation
- Clotting Disorder
- Myasthenia Gravis
- COPD
- Pacemaker
- Coronary Bypass Graft
- Previous Heart Attack
- Deaf
- Date: _____
- Dementia
- Seizure Disorder
- Depression
- Sickle Cell Anemia
- Diabetes/Insulin Dependent
- Stroke
- Diabetes/Non-Insulin
- Tobacco Use
- Drug Addiction
- Vision Impaired
- Epilepsy/Seizures
- Other: _____
- Eye Surgery

ALLERGIES

- No Known Allergies
- Environmental
- Penicillin
- Aspirin
- Horse Serum
- Sulfas
- Barbiturates
- Insect Stings
- Tetracycline
- Codeine
- Latex
- X-Ray Dyes
- Demerol
- Lidocaine
- Other: _____
- _____
- Morphine
- _____
- _____
- Novocain

Health Care Proxy on file at: _____
 Living Will on file at: _____

MEDICAL DATA as of: MO _____ YR: _____ Blood Type: _____
 Communicable Disease: _____

MEDICATIONS ✓ ALL THAT EXIST

Medical Problems	Medication	Dosage	Frequency

EMERGENCY CONTACTS

Name: _____
 Address: _____
 Relationship: _____ Phone: _____
 Name: _____
 Address: _____
 Relationship: _____ Phone: _____
 Medical Ins. Co.: _____ Policy #: _____
 Other Medical Ins. Co.: _____ Policy #: _____
 Medicaid #: _____ Medicare #: _____
 Date of Birth: _____ Religion: _____
 Special Conditions/Remarks: _____