Emergency Contacts

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Immunization Record

Please indicate date of last shot.

Tetanus:

Pneumonia vaccine:

Flu vaccine:

Other:

Allergies

Allergic to:	Describe reaction:

How to Use This Card

Always keep this card in your wallet.

Take it to all doctor visits, hospital visits and medical tests.

Update the card whenever you change a medication or start a new one, receive a vaccination or develop a new allergy.

Medication Record

Name:

Address:

City:

State:

Zip:

Phone:

Medications

List all medications you are taking (include prescription, over-the-counter, herbal or natural products, vitamins and drugs you take as needed, such as Tylenol).
Cross off any medications your doctor has told you to stop taking.

Medication Name:	Dose:	Directions (when and how often you take it):	Doctor name:	Reason for taking:

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