

Emergency contacts

Name _____

Relation _____

Phone _____

Name _____

Relation _____

Phone _____

Immunization record

Please indicate date of last shot

Pneumonia vaccine _____

Tetanus _____ Flu vaccine _____

Other _____

Allergy/reaction

How to use this card

- Keep card in purse or wallet at all times
- Take it to all doctor, hospital and medical visits
- Update this card whenever you change a medication or start a new one, receive a vaccination or develop a new allergy

My health card

Name _____

Address _____

Phone _____

uhealth

| Medication | Dose | Directions | Reason | Doctor |
|------------|------|------------|--------|--------|
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List all medications you are taking (include prescriptions, 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.