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Allergies and Medications You Cannot Take—Why?
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

Put a copy of this card where others can find it in case of emergency—in your purse or wallet, on your refrigerator and in the glove compartment of your car.

Blood Pressure
__________________
Date:_____________
__________________
Date:_____________
__________________
Date:_____________

Date of Immunizations:
Tetanus___________ Pneumococcal___________
Influenza___________ Other___________________
Date:_____________

Date of Immunizations:
Tetanus___________ Pneumococcal___________
Influenza___________ Other___________________
Date:_____________

Organ donor?       _____Yes      _____No
Living Will?       _____Yes      _____No
Healthcare Power of Attorney? _____Yes      _____No
If yes, who should be contacted?
Name:_________________________________________
Phone:________________________________________

Organ donor?       _____Yes      _____No
Living Will?       _____Yes      _____No
Healthcare Power of Attorney? _____Yes      _____No
If yes, who should be contacted?
Name:_________________________________________
Phone:________________________________________

Other important health information:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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