

In an emergency, it's sometimes hard and always frustrating to try and fill out medical paperwork. Now, you can complete this card and keep it with you as a handy reference. The information on the card can save you time and help medical personnel give you the best treatment. Just fill out and slip it in your purse or wallet!

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GENERAL INFORMATION

Name: _____
 Birthdate: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____
 Social Security No: XXX-XX-_____ (enter last 4 digits only)
 Sex: _____ Hair Color: _____
 Employer: _____
 Work Phone: _____

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Health Insurance Company: _____

Policy Number: _____
 In case of emergency, notify: _____

Personal Physician: _____
 Physician/Clinic Address: _____

Phone: _____

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MEDICAL HISTORY

Please check (✓) if you have any of the following disorders:

- Diabetes or glandular
- High blood pressure
- Shortness of breath/chest pains
- Heart attack, heart disease
- Allergy to penicillin or other medication
- Kidney or bladder disorder
- Arthritis, muscle, joint disorders
- Peptic ulcer
- Tuberculosis
- Asthma
- Ulcer
- Eye, ear, nose or throat disorder
- Pacemaker
- Hernia
- Major surgery (give details) _____
- Food allergy
- Cancer
- Other (give details) _____

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Emergency Medical Information

PRESENT MEDICAL CONDITION

Please check (✓) below any current conditions that apply to you:

- Cardiac
- Cancer
- Contact lenses
- Diabetes
- Asthma
- Penicillin allergy
- High blood pressure
- Emphysema
- Tetanus allergy
- Food allergy
- Other
- No serious ailments

Blood Type: _____

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OTHER MEDICAL NOTES

Medications Taken Regularly: _____

Allergies: _____

Other: _____

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