MEDICAL INFORMATION	EMERGENCY CONTACTS	CHRONIC CONDITIONS	PRESCRIPTION MEDS	OVER THE COUNTER
Keep this record with you	In case of emergency, please	Indicate any ongoing medical	Listprescription medications you	List your current over-the-
at all times	contact	concerns	are currently taking	counter medications
Name	Name	<ul><li>Blood pressure</li></ul>	Med Dose Time	☐ Aspirin
Address	Phone			Antacids
		Asthma		Allergyrelief
Phone	Doctor			Cold medicine
	Phone	☐ Diabetes		☐ Diet pills
				Laxatives
	Doctor	☐ Heart disease		☐ Sleep aid
				☐ Vitamins
	Phone	Cancer		□ Supplements
		☐ Calicei		□ Oupplements
	Pharmacy	Other		Othor
	Phone	Other		Other
	Other			
	Phone			
ALLERGY RECORD	IMMUNIZATION RECORD	NOTES	NOTES	
	Fotosition data consume to at			
List all allergies and your	Enter the date you were last	Add any additional information	Add any additional information	
reaction	immunized	here	here	
Allergy	Totonua			<b>.</b>
Reaction	Tetanus			
Allergy	Flu			
Reaction				**
	Pneumonia			Y
Allergy				Q
	·			
•	Hepatitis			
Reaction	Hepatitis			8
Reaction	,			36
Reaction	Hepatitis			
Reaction	,			
Reaction	,			<b>36</b>
Reaction  Allergy Reaction  Allergy	,			<b>3</b>
Reaction  Allergy Reaction	,			
Reaction  Allergy Reaction  Allergy	,			