### MEDICAL INFORMATION

*Keep this record with you at all times*

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

In case of emergency, dial 911

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### EMERGENCY CONTACTS

*In case of emergency, please contact*

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
</table>

In case of emergency, dial 911

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### CHRONIC CONDITIONS

*Indicate any ongoing medical concerns*

- [ ] Blood pressure
- [ ] Asthma
- [ ] Diabetes
- [ ] Heart disease
- [ ] Cancer
- [ ] Other

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### PRESCRIPTION MEDS

*List prescription medications you are currently taking*

<table>
<thead>
<tr>
<th>Med</th>
<th>Dose</th>
<th>Time</th>
</tr>
</thead>
</table>

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### OVER THE COUNTER

*List your current over-the-counter medications*

- □ Aspirin
- □ Antacids
- □ Allergy relief
- □ Cold medicine
- □ Diet pills
- □ Laxatives
- □ Sleep aid
- □ Vitamins
- □ Supplements
- □ Other

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### ALLERGY RECORD

*List all allergies and your reaction*

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### IMMUNIZATION RECORD

*Enter the date you were last immunized*

- Tetanus
- Flu
- Pneumonia
- Hepatitis
- Other

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### NOTES

*Add any additional information here*

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