

Date of Vaccine(s):

Tetanus _____ Pneumonia _____
Flu _____ Other _____

Organ Donor: Yes No

Living Will: Yes No

Healthcare Power of Attorney: Yes No

➤ If Yes, who should be called?
_____ Phone(____) _____

Other Important Health Information:

Examples include:

- Medical Conditions
- Procedures
- Surgeries

Date	Blood Pressure	Weight	Cholesterol	Blood Sugar
/ /	/	lbs	HDL	mg/dl
/ /	/	lbs	HDL	mg/dl
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➤ **Carry this card with you at all times** and keep an extra copy of this card where others can find it in case of emergency.
Be sure to show this card to your provider to update the information at each visit.



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