



Allergies & Medications You Cannot Take – Why?

Date of Immunizations:

Tetanus_____Pneumococcal_____

Influenza_____Other_____

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:

**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.**

