STEP 1.

Print MedCard on 1 page - print on front and back. [Card to print is on pages 3 and 4]

Set printer 'Page Scaling' to "NONE." Or, for a larger card, set this to "Fit to Page."

STEP 2.

Trim MedCard edges.

MedCard for:	М	y Health Conditions:	Always ask:
Name: Date of birth: Phone: Emergency Contact Name: Phone:	□ Arthritis □ Diabetes □ Cancer □ Stroke □ Seizures □ Lung problem □ Heart problen □ High blood pr □ Kidney proble	Liver problems Joint replacement Contact lenses Dentures/partials Lens implant (in my eye) Pacemaker (for my heart) Defibrillator (for my heart) Hearing aid	1. What is the name of the medicine? What is it for? 2. How and when do I take it? How long do I take it? 3. Do I need to stay away from any foods, drinks, other medicines or activities while I take this medicine? 4. Are there any side effects? What do I do if they happen?
Past Surgeries (Oper	□ Durable Powe	er of Attorney for Health Care My Doctor	5. Where can I find out more about this medicine?
Allaraina	Procedi	Doctor's Name: Doctor's Phone Number: Pharmacy Name: Pharmacy Phone Numbe Other Doctors: (specialists)	r:
Allergies (Medicine, Food, Latex, other)	Reactio (What happe		ilu:

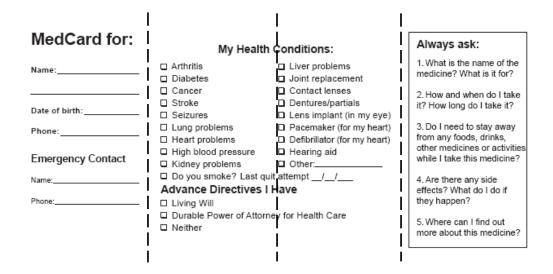
STEP 3.

Fold MedCard in half along dotted line:

MedCard for:		My Health	Conditions:	Always ask:	
Date of birth: Whone: Emergency Contact	My Health Arthritis Diabetes Cancer Stroke Seizures Lung problems Heart problems High blood pressure Kidney problems Do you smoke? Last que Advance Directives I Living Will Durable Power of Attorn		□ Liver problems □ Joint replacement □ Contact lenses □ Dentures/partials □ Lens implant (in my eye) □ Pacemaker (for my heart) □ Defibrillator (for my heart) □ Hearing aid □ Other: uit attempt/_/	Always ask: 1. What is the name of the medicine? What is it for? 2. How and when do I take it? How long do I take it? 3. Do I need to stay away from any foods, drinks, other medicines or activities while I take this medicine? 4. Are there any side effects? What do I do if they happen? 5. Where can I find out	
Past Surgeries (Opera	□ Neith — — —	Year	My Doctor a	more about this medicine?	
			Doctor's Name:		
			Pharmacy Name:		
Allergies (Medicine, Food, Latex, other)		Reaction What happens)			
				eumonia:	
	+		revairusFIII	Editionia_	

MMR:

STEP 4.
Fold MedCard into quarters along dotted lines:



MedCard for: Always ask: My Health Conditions: 1. What is the name of the □ Arthritis □ Liver problems Name: medicine? What is it for? □ Joint replacement □ Diabetes □ Contact lenses □ Cancer 2. How and when do I take □ Stroke □ Dentures/partials it? How long do I take it? Date of birth: □ Seizures ☐ Lens implant (in my eye) □ Pacemaker (for my heart) 3. Do I need to stay away □ Lung problems Phone: from any foods, drinks, □ Defibrillator (for my heart) ☐ Heart problems other medicines or activities ☐ High blood pressure ☐ Hearing aid while I take this medicine? **Emergency Contact** □ Kidney problems □ Other: ☐ Do you smoke? Last quit attempt / / Name: 4. Are there any side **Advance Directives I Have** effects? What do I do if they happen? Phone: □ Living Will □ Durable Power of Attorney for Health Care 5. Where can I find out □ Neither more about this medicine?

Past Surgeries (Opera	Year	
Allergies (Medicine, Food, Latex, other)		Reaction What happens)

My Doctor and Pharmacy				
Doctor's Name:				
Doctor's Phone Number:				
Pharmacy Name:				
Pharmacy Phone Number:				
Other Doctors:specialists)				
/accination Dates: Flu:				

Pneumonia:

Tetanus/diphtheria:

Tetanus:

D-4-	B#11			ntrol pills, etc.	VA/II 4 !- !4 f- ::0	D4
Date added or changed	Medic	cine	How much? (Strength/ Dosage)	How often do I take it?	What is it for?	Doctor who prescribed it
Over-the-Count	er Medicines (r	nedicines y	ou can buy with	out a doctor's o	rder): (Check all that you	ı use regularly.)
☐ Allergy medicine,☐ Antacids (for hear☐ Aspirin		☐ Cold/cougl☐ Diet pills☐ Herbals, d	h medicines ietary supplements, h		,	adache or fever medicine .ist):