The MED Card

My Medication Record

Name:

Birthdate:

Phone Number:

Emergency Contact:
Phone number:

Primary Physician:
Phone number:
Location:

Pharmacy
Phone number:
Location:

Allergies (describe reaction):

Health Problems:

Other Health Care Providers and Specialties:

Comments (ie, blood type, organ donor status, or other health issues):

Vaccine Dates:
Pneumonia _____ Flu _____ Tetanus _____ Zoster _____
Other Vaccines _____

Card last updated on:
Keep this card with you at all times. Update it on a regular basis.
Always show this card to your doctor, nurse or pharmacist.

Name:

List all of the medications that you take. Be sure to include: prescription medications, over the counter medications, herbal medicines, vitamins and supplements.

(name, dose, daily schedule)	Start Date	Stop Date

MED Card

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To have a wallet sized MedCard:
Cut on dotted line. Discard this portion.
Fold in half lengthwise. Fold in half crosswise two times.