**Our Seamless Care and Companion Card details:**

**Name(\*):**

**Sex(\*): Age(\*): Blood Group(\*):**

**Medical history with record of immunization:**

**Medical history Details:**

**Immunization Details:**

**Whether on prescription medicines? Yes/No**

**Details:**

**Whether under treatment? Yes/No**

**Details:**

**Any adverse drug reactions:**

**Serum protein recording (for COVID-19 interpretations):**

**[ ] Normal [ ] Evaluation needed [ ] Unknown**

**Any life changing condition (if relevant):**

**Any sensitivity to priority infections or pathogens:**

**Any Anti-microbial resistance incidences (if relevant):**

**COVID 19 (status \*):**

**[ ] Normal [ ] Family incidence [ ] Quarantined**

**[ ] Treated and Recovered [ ] Recovering**

**[ ] Not tested appropriately**

**Last COVID/respiratory illness incidence:**

**Last major complaint:**

**Last bacterium complaint:**

**First-aid or Emergency services (medication, medical equipment registration for emergency admission & need for treatment details, whom to contact numbers):**

**Linked AADHAAR/ Social Security No/Seamless Care No (\*):**

**Linked with Healthcare (Claim \*): Yes/No**

**Policy No:**

**Assistance needed in paying for services (\*): Yes/No**

**Need for assistance:**

In this sheet the fields marked by \* are mandatory and need to be filled almost always.