WHO AM I?	EMERGENCY CARE	CHRONIC CONDITIONS	PRESCRIPTION MEDS	OVER THE COUNTER
Keep this record with you at all times Name: Address: Phone: Other:	Please Contact Care Champion* Name: Relationship: Phone: Relationship: Phone: Doctor: Phone: Doctor: Phone:	Indicate any ongoing medical concerns Blood pressure Asthma Diabetes Heart disease Cancer Other	List prescription medications you are currently taking MED DOSE TIME	List your current over-the-counter medications Aspirin Antacids Allergy relief Cold medicine Diet pills Laxatives Sleep aid Vitamins Supplements Other
ALLERGY RECORD	IMMUNIZATION RECORD	MEDICAL NOTES	CARE CHAMPION NOTES	NEIGHBOR NOTES
List all allergies and your reaction Allergy: Reaction: Allergy: Reaction: Allergy: Reaction: Allergy: Reaction: Allergy: Reaction: Allergy: Reaction:	Enter the date you were last immunized Tetanus Flu Pneumonia Hepatitis Covid Type Covid Dates Other			