My Medication Card

Name:

Birth Date:

Phone Number:

Emergency Contact
Phone Number:

Primary Physician
Phone Number:

Allergies to Medications:
1. _____
2. _____
3. _____
4. _____
5. _____

Health Problems:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Comments (i.e., blood type, organ donor status, or other health issues):

Last updated: _____

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

(Name, Dosage)

Provided by the Upland Fire Dept.
Please keep on refrigerator.

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