

# Personal Medical Identification Card

**Important:** Additional personal and medical contact information on MedIDCard™ USB flash drive.

My Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_



Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Comments: \_\_\_\_\_

In case of a medical emergency I authorize treatment by certified medical personnel.

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_