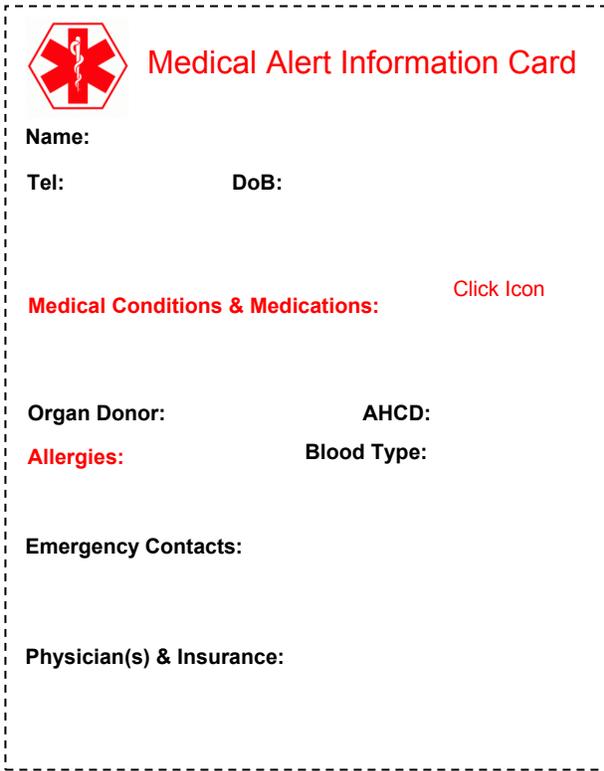


Medical Alert Card

To create a printable Medical Alert Card perform the following steps:

1. Download and save this pdf file to your computer. Depending on the browser and operating system you are using, you can do this by right-clicking this document and selecting the "SAVE AS..." command, or by clicking on the down load icon 
2. Open the saved pdf document on your computer using the free software Adobe Acrobat Reader. If you do not already have Adobe Acrobat Reader you can download it for free at <https://get.adobe.com/reader/>.
3. Using your mouse, click on each field to add appropriate medical and contact information.
4. Save and print the completed document. Before you print, you can adjust the size of the document you want, from 70% scaling factor for a credit card size document, to a full page. Cut along the dotted lines, fold card in half and laminate if desired.

Form Instructions



The form is enclosed in a dashed border. At the top left is a red hexagonal icon with a white caduceus. To its right is the title "Medical Alert Information Card" in red. Below the icon and title are several fields for user input, each with a label in black or red text. The fields are: Name, Tel, DoB, Medical Conditions & Medications (with a red "Click Icon" label to its right), Organ Donor, AHCD, Allergies, Blood Type, Emergency Contacts, and Physician(s) & Insurance.

Cut along dotted lines

1. Enter the persons name, telephone number, date of birth, and address in the fields provided.
2. Describe medical conditions, disabilities, and medications you are taking that will aid first responders in treating you. Typical medical conditions would include diabetes, heart conditions, asthma, epilepsy, or any other significant medical condition. For example: "Myocardial Infarction 2007. Meds: Plavix, Asprin."
3. Select from the drop down menu answers to whether you are an organ donor; have an Advanced Health Care Directive in effect; and your blood type.
4. Enter any allergies. For example, individuals who develop severe reactions (anaphylactic shock) to bee stings, or certain foods / drugs would indicate their condition and what course of treatment is most effective.
5. List emergency contact(s): name, relationship, and telephone number(s). For example: George Smith, spouse, 503-123-4567 M, 503-890-1234 H.
6. Enter your primary physician's name and telephone number and/or specify where the person's medical records are kept. For example: "Dr. Greene, Peds, 503-111-2222; OHSU Hospital, MRN# 12345".
7. Enter the person's primary insurer, policy number, and personal ID number. For example: "Health Net, Pla123-456, ID: HNPLT-12345", or for medicare participants list "Medicare, ID# 12345".
8. Add a picture of the individual by clicking on the silhouette icon. The picture must be in a pdf format.

Once you have added the requested information save and print the document. Simply cut the card along the dotted lines, fold, and laminate. You will have a wallet sized Medical Alert Card that may someday save your life.

This information is provided as a courtesy by Mayor Law. If you would like to comment on the form or pass along a recommendation please contact us at <http://www.mayorlaw.com>.