

Appendix B: Medical Emergency Wallet Card Template

COMPLETE THE FOLLOWING STEPS:

1

Fill all fields and print
(preferably in color)*

2

Cut along dotted
line + fold in half

3

Laminate

Once completed, keep the card in your wallet,
purse, and glove compartment at all times



INFORMACIÓN DE EMERGENCIA  LADO A	INFORMACIÓN DE EMERGENCIA  LADO B
<p>NOMBRE: _____</p> <p>Tel: _____ F. Nacimiento: _____</p> <p>CONTACTOS DE EMERGENCIA</p> <p>1. _____ Tel: _____</p> <p>2. _____ Tel: _____</p> <p>3. _____ Tel: _____</p> <p>4. _____ Tel: _____</p> <p>MÉDICO PRINCIPAL: _____</p> <p>Tel 1: _____ Tel 2: _____</p> <p>HOSPITAL PREFERIDO: _____</p> <p>Dirección: _____</p>	<p>GRUPO SANGUÍNEO: _____</p> <p>ALERGIAS: _____</p> <p>CONDICIONES CRÓNICAS: <input type="checkbox"/> Hipertensión <input type="checkbox"/> Diabetes <input type="checkbox"/> Otras</p> <p>Especificar otras: _____</p> <p>MEDICAMENTOS: _____</p> <p>_____</p> <p>AGENTE DE SEGURO MÉDICO (MÉXICO)</p> <p>Nombre: _____</p> <p>Tel: _____ Póliza #: _____</p>

*You have two options for filling out the Wallet Card:

Option 1: Print this page then fill in all fields with a fine point pen.

Option 2: Type the information directly into the fillable fields above, then print.

If the print size appears too small to read easily, use **Option 1** above.