

Medical Information card



Name: _____ DOB: _____
 Address Overseas: _____
 Phone Overseas: _____
 Address in Ghana: _____
 Phone in Ghana: _____

Personal Information

Name: _____ Relationship to me: _____
 Phone: _____ Name of Family Doctor: _____
 Phone: _____

In case of emergency please contact:

Reaction	I am allergic to

My Allergies / Sensitivities

My Medication

Name of Drug	Dose/Strength	How many x a day	Reason for medication

My known Medical Conditions

Other Important Information
