

**MY PERSONALIZED MEDICAL INFO WALLET CARD**



**PARTNERS IN PREPAREDNESS**  
A program of VDEM



**Name:**

**Address:**

**Phone:**

**Date of Birth:**

**Email:**

[vaemergency.gov](http://vaemergency.gov)

**Blood Type:**

O+    A+    B+    AB+  
O-    A-    B-    AB-  
Don't Know

**Emergency Contact:**

Name:  
Phone:  
Relationship:  
Email:

**Allergies:**

**Medical Conditions:**

**Prescription Medications:**

Medication	Dosage/ Frequency	Prescribing Dr. /Phone	Pharmacy /Phone
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