My Medicine List

Carry this card with you and share it with your pharmacist, doctor and other caregivers.

Name: _____

Blood Type: _____

Allergies: _____

Emergency Contact (name and phone):

_____

_____

COVID-19 Vaccine (brand, dates): _____

Prescription medications: _____

_____

_____

My Medicine List

Over-the-counter medications: _____

_____

_____

Vitamins: _____

_____

_____

Herbs, diet supplements, natural remedies: _____

_____

_____

Alcohol, recreational drugs: _____

_____