

MY PERSONALIZED MEDICAL INFO WALLET CARD**PARTNERS IN
PREPAREDNESS**

A program of VDEM

**Name:****Address:****Phone:****Date of Birth:****Email:****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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