Immunisation record

Please enter the date you were last immunised:

Tetanus:

Influenza:

Pneumococcal:

Hepatitis B:

Measles, Mumps, Rubella:

Other:

49567IN2

Additional notes

In an emergency always call '000'

Flying Doctor Supporter Medical Identification Card

For personal use.

French

Royal Flying Doctor Service

N10148

In an emergency where I am unconscious or unable to communicate, please read both sides of this card to know who to contact and the special care I must have.

This card was filled in on: (date)

Personal information

Name:

Age: Phone:

Address:

Suburb:

State: Postcode:

Medical information

Blood type:

Known allergies:

Medical conditions:

Medication/dose:

Medication/dose:

Medication/dose:

Medication/dose:

Medication/dose:

Additional info:

Signature:

Notify in emergency

My doctor's name:

Address:

Suburb:

State: Postcode:

Phone:

Notes:

Notify in emergency

Next of kin name:

Address:

Suburb:

State: Postcode:

Phone:

Notes: