

Section 2

1. Initial health-related facts about my loved one

a) Basic facts

- Health card number
- Blood type
- Height
- Weight
- Allergies

b) Universal Medical ID/Medic Alert

- Note whether or not your loved one wears a medic alert bracelet or necklace.
- Do they carry a mobile medical alert device?
- What medical information is indicated?

c) Accessibility:

- Do they have any accessibility issues, such as vision, mobility, hearing, or seizures, or other physical reactions? Describe them.
- Do they wear glasses, contacts, or use any devices to assist vision?
 - What do they wear or use?
- Is a wheelchair, walker, leg brace, or cane used to help with mobility?
 - Are there any issues with them?
 - Is an accessibility parking pass used?
- Are hearing aid devices worn?
 - Are there any issues with them?
- Do they have a service animal?
 - How does it assist your loved one?

Note: Administrative information about accessibility aids is found in Section 4.

2. Vaccinations

- Record childhood vaccines by name, date given, and note any reactions.
- Record recent flu shots, covid boosters or any other vaccines by name, date given and note any reactions.

3. Vital medical emergency information

This is the most significant information to be made accessible. Be sure to include all necessary facts.

- Record the type of medical emergencies that could occur.
 - What are the first signs that an emergency may be developing?
- What type of immediate action is required?
 - Call 911
 - Should your loved one be placed in a particular position? Describe it.
 - Is there medication that should be administered?
 - What is the name and dosage of this medication?
 - Where will this medication be found?
- Which hospital would provide the most appropriate care?
 - Note the name, address and phone number
- List emergency contacts and contact information