

## 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, 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?