WD1293 (7/12)

	Name:	Phone:
	Pharmacy:	Phone:
	Doctor:	Phone:
	Doctor:	Phone:

MEDICATION ALLERGIES (see below):

Medication	Reaction

VACCINE INFORMATION

Tetanus & diphtheria vaccine date:
Influenza vaccine date:
Pneumococcal vaccine date:

MEDICATION LIST (INCLUDE ALL VITAMINS AND HERBAL SUPPLEMENTS)

Medication	Dose	Route (by mouth, patch, etc)	Times Taken	Reason

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