

Medication Allergies and Sensitivities

Medication

Type of Reaction

Conditions I am being treated for:

1. _____
2. _____
3. _____

Doctor's Name _____

Doctor's Telephone # _____

In emergency call (Name) _____

at (Phone #) _____

Immunizations

Date

Influenza (Flu Shot)

Pneumovax (Pneumonia Shot)

Tetanus

Name _____

Date of Birth _____

Address _____

Pharmacy Name _____

Pharmacy Phone # _____

San Mateo County

