PAGE 1 - Fill out this form using the free Adobe Reader app. **FIRST-** Save this file to your computer. **NEXT-** Fill out the 2 pages by clicking in the shaded areas. Re-Save your form frequently. **To Print:** Go to the print dialogue box and make sure to UNcheck the grayscale B&W option. Print as a double-sided document. Click the "Printer" tab at bottom, check the box for "2-sided" (or "Print on both sides of paper"). Specify "Short-Edge binding" (or "Flip on Short Edge"). Print. Observe that both sides of the form are in relative alignment to each other by holding the paper up to the light. Trim on dotted line, fold into a tri-fold, insert into your MediPal ID holder with emergency insignia showing. Wrap MediPal ID around your seatbelt.

Thank you for being a part of the MediPal ID family. Take good care.

The MediPal® Seatbelt ID

Saving Time Saves Lives

MediPal Inc.

My MediPal® Information

Allergy Lifestyle.com

Date form was filled out

This is a screen-fillable form. Download it here: AllergyLifestyle.com/MediPal-insert

My Personal Info

Place a photo of my face here.

My Name: _____

My Nickname: _____

My Date of Birth: _____

My Address:

_____

My Home Phone: _____

My Cell Phone: _____

My Pet(s) & location: _____

_____

Location of my Health Care Directive:

_____

Family's meeting place away from home:

My Emergency Contacts

(Consider listing one out-of-town contact.)

Parent/Caregiver 1:

_____

Phone: _____

Parent/Caregiver 2:

_____

Phone: _____

My Healthcare Power of Atty. name/phone:

_____

My Automobile Insurance Company:

Name: _____

Phone: _____

Policy #: _____

My Medical Insurance Company:

Name: _____

Phone: _____

Member I.D.#: _____

My Primary Doctor:

Name: _____

Phone: _____

My Specialty Doctor:

Name: _____

Phone: _____

My Dentist:

Name: _____

Phone: _____

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PAGE 2- Fill out this form using the free Adobe Reader app. **FIRST**- Save this file to your computer. **NEXT**- Fill out the 2 pages by clicking in the shaded areas. Re-Save your form frequently. **To Print:** Go to the print dialogue box and make sure to UNcheck the grayscale B&W option. Print as a double-sided document. Click the "Printer" tab at bottom, check the box for "2-sided" (or "Print on both sides of paper"). Specify "Short-Edge binding" (or "Flip on Short Edge"). Print. Observe that both sides of the form are in relative alignment to each other by holding the paper up to the light. Trim on dotted line, fold into a tri-fold, insert into your MediPal ID holder with emergency insignia showing. Wrap MediPal ID around your seatbelt.

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My Current Diagnosis:
(And/or other Concerns)

My Medical / Health History:
(Recent Surgeries, Hospitalizations, Past Diagnoses, Have a Pacemaker, Cochlear or Organ Implant, etc.)

My Preferred Hospital:

My Medical Information

Allergy Lifestyle.com

My Primary Language is: _____

I Communicate by: ❑Voice ❑Sign Language ❑Gestures ❑Interpreter ❑Written Word ❑Picture Board ❑Communication Device

My Blood Type: _____ **My Weight:** _____ **My Height:** _____

Hearing loss? _____ Wear hearing aids? _____ Vision loss? _____ Wear Glasses? _____

Special Diet? _____ Organ donor? _____

✚ My Medications ✚ As of this date: _____
(Include the Names and Dosages of all prescriptions, herbal and homeopathic medicines.)

My Pharmacy Name & Phone: _____

Received Covid Vaccine: ❑No ❑Yes-1st shot on _____ ❑Yes-2nd shot on _____
❑ Pfizer ❑ Moderna ❑ Other: _____

My Allergies to Food or Medication: (Include a description of side effects)