



MEDICAL RECORD CARD

of

Name:

Probus Club:

THIS ENVELOPE TO BE OPENED IN AN EMERGENCY ONLY
BY
A PROFESSIONAL MEDICAL PERSON
(Doctor, Ambulance Officer, Nurse, Etc.)



MEDICAL RECORD CARD

PLEASE PRINT LEGIBLY IN BLOCK LETTERS

NAME..... DATE OF BIRTH.....
ADDRESS..... POSTCODE.....
TELEPHONE..... RELIGION.....

In the event of an emergency please contact

NAME..... RELATIONSHIP.....
ADDRESS..... POSTCODE.....
TELEPHONE (WORK)..... (HOME).....

NAME..... RELATIONSHIP.....
ADDRESS..... POSTCODE.....
TELEPHONE (WORK)..... (HOME).....

DOCTOR'S NAME..... TELEPHONE.....
ADDRESS..... POSTCODE.....

SPECIALIST'S NAME..... TELEPHONE.....
ADDRESS..... POSTCODE.....

PENSIONER HEALTH CARD NO:

VETERAN AFFAIRS NO:

HEALTH FUND NAME:

HEALTH FUND NO: AMBULANCE NO:

MEDICAL RECORD:

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..... BLOOD GROUP:

MEDICATION:

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WHERE LOCATED:

KNOWN ALLERGIES:

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SIGNATURE: DATE: