



Personal Health, Medication & Immunization Information

Keep this with you at all times, along with your health insurance card and personal ID
 Always show this card to your doctors, pharmacists, nurses and dentists.

| | | |
|--|----------------------------|-----------------|
| Name | My Primary Physician or NP | Phone # |
| | _____ | () ____ - ____ |
| My Phone #s () ____ - ____ () ____ - ____ | Preferred Pharmacy | Phone # |
| | | () ____ - ____ |
| Birth Date ____/____/____ | My Medical Conditions | |
| Emergency Contact #1 | Emergency Contact #2 | Phone number |
| Name _____ () ____ - ____ | Name _____ | () ____ - ____ |

MEDICATIONS Currently Taking

Prescriptions and over-the-counter medications (Examples: aspirin, antacids, vitamins.) Include herbals (Examples: ginseng, St. John's Wort.) Include medications taken "as needed" (Examples: nitroglycerin or pain medications.)

| Date Started | Medicine and strength <i>Include OTC, herbals and "as needed"</i> | Directions <i>How and when to take: # times/day and food/beverage instructions</i> | Reason for taking and Prescribed by |
|--------------|--|---|-------------------------------------|
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Complete other side...

| I am ALLERGIC to: | | Describe Reaction | | | |
|--|---|---|--|---|---|
| 1. | | | | | |
| 2. | | | | | |
| IMMUNIZATION RECORD Record the date and year of last doses known | | | | | |
| Tdap ____/____/____ | Influenza ____/____/____ ____/____/____ ____/____/____ ____/____/____ | Meningitis ____/____/____ ____/____/____ Pneumovax ____/____/____ | Twinrix 1 ____/____/____ 2 ____/____/____ 3 ____/____/____ | Varicella 1 ____/____/____ 2 ____/____/____ <input type="checkbox"/> Had disease | MMR 1 ____/____/____ 2 ____/____/____ |
| HPV _ Gardasil OR 1 ____/____/____ 2 ____/____/____ 3 ____/____/____ | Hepatitis A 1 ____/____/____ 2 ____/____/____ | Hepatitis B 1 ____/____/____ 2 ____/____/____ 3 ____/____/____ | Travel Vaccines OR Other ____/____/____ ____/____/____ ____/____/____ | TB Test ____/____/____ <input type="checkbox"/> History of positive TB Test | |

Health literacy promotes your health, vitality, resilience and academic excellence

Provided by  Campus Health Services and Office of Health Promotion

Cardinal Station/Belknap Campus (502) 852-6479 Health Science Campus (502) 852-6446

You can DOWNLOAD this form at our website: louisville.edu/campushealth/forms

More Health Literacy resources at: louisville.edu/healthpromotion
Health Literacy Questions? Call Health Promotion Office (502) 852-5429