



# 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 Phone number	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

*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 ____/____/____ ____/____/____	Twinrix 1 ____/____/____ 2 ____/____/____ 3 ____/____/____	Varicella 1 ____/____/____ 2 ____/____/____ <input type="checkbox"/> Had disease	MMR 1 ____/____/____ 2 ____/____/____
		Pneumovax ____/____/____			
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](http://louisville.edu/campushealth/forms)

More Health Literacy resources at: [louisville.edu/healthpromotion](http://louisville.edu/healthpromotion)

Health Literacy Questions? Call Health Promotion Office (502) 852-5429