MEDICAL HISTORY

CURRENT PHYSICIAN NAME/NUMBER:_____ (_____)_____-_____

CURRENT PHARMACY NAME/NUMBER:_____(_____)_____-_____

NAME	DOSE	FREQUENCY	START	END	PURPOSE

ALLERGIES

MEDICATION	REACTION	SEVERITY (Mild, Moderate, Sever)

SURGICAL PROCEDURES

DATE	PROCEDURE	PHYSICAN	HOSPITAL	NOTES

MAJOR ILLNESSES

ILLNESS	START	END	PHYSICAN	TREATMENT NOTES

VACCINATONS

NAME	DATE	NAME	DATE
Tetanus		Meningitis	
Influenza Vaccine		Yellow Fever	
Zostavax		Pollo	
Other Vaccine		Other Vaccine	