Name _____

Phone Number _____

Emergency Contact:
Name/Phone _____

Physicians:
Name/Phone _____

Name/Phone _____

Most Recent Immunizations:

Pneumonia _____ Tetanus _____ Flu _____

Allergies/ Reactions:

_____

_____

_____

Pharmacy:
Name/Phone _____

Personal Pocket Medication Card

Broome County Health Department
225 Front Street
Binghamton, NY 13905

Phone 607.778.3930
Fax 607.778.2838

Medications include dietary supplements/vitamins	**Dose**	**How Often**	**Reason For Taking**	**Date Started**

1. Cut off shaded areas

2. Fold on dotted line (fold with blank sides inside)
3. Then fold into thirds

This will form a wallet or pocket size document.