

US VOLUNTEERS MEDICAL CARD

YOUR NAME:

UNIT / REGIMENT:

HOME ADDRESS:

CITY, STATE, ZIP:

BIRTHDATE:

HEALTH ISSUES:

MEDICATIONS:

EMERGENCY INFORMATION

CONTACT NAME:

RELATIONSHIP:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

DOCTOR NAME:

DOCTOR PHONE:

Please fill out,
Cut-and-paste to 3x5 index card,
Keep in haversack or cartridge box at all times.