



## Advanced Directives (Medical Power of Attorney, Do Not Resuscitate Orders)

Location of documents:

Person who has authority to direct your medical care: (e.g., holder of Medical Power of Attorney, next of kin)

Name:

Phone:

## Vaccinations

Type of Vaccination	Year

## Hospitalizations

Reason you were hospitalized	Hospital	Year

## Family Medical History

Family Relationship (e.g., mother, father, sister, brother)

Their Medical Condition(s)


**See the other side for other information**

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