"When seconds count ...

This card can help save your life!"

Health Profiles Adult Questionnaire: page 3

ADDITIONAL INFORMATION:

Your Personal Emergency Companion Card™

"Lifesaving personal health information ... at your fingertips!"

INSTRUCTIONS FOR FILLING OUT THIS PAGE:

1. Please use this form - (if necessary) for any information such as allergies, emergency contacts, current medications etc. that you are not able to fill in on pages 1 or 2.

2. Please precede each entry by corresponding section number - for example:

   2. Emergency Contacts, 3. Current Medications, 8. Personal Medical History, 9. Personal Surgical History, etc.

SECTION:	INFORMATION: