

## Medication Allergies and Sensitivities

Medication

Type of Reaction

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### *Conditions I am being treated for:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Telephone # \_\_\_\_\_

In emergency call (Name) \_\_\_\_\_

at (Phone #) \_\_\_\_\_

Immunizations

Date

Influenza (Flu Shot)

Pneumovax (Pneumonia Shot)

Tetanus

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Phone # \_\_\_\_\_

# San Mateo County

