

FLU SHOT DATE: \_\_\_\_\_

PNEUMONIA SHOT DATE: \_\_\_\_\_

HEARING AIDS:        YES        NO

DENTURES:            YES        NO

GLASSES/CONTACTS: YES        NO

PACEMAKER:          YES        NO

MODEL  
NO.: \_\_\_\_\_

OTHER IMMUNIZATIONS: \_\_\_\_\_

SPECIAL NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Maryland Retired School Personnel Association  
8379 Piney Orchard Parkway, Suite A  
Odenton, MD 21113  
410-551-1517  
mrspa@mrspa.org  
www.mrspa.org

Special Notes: \_\_\_\_\_

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\_\_\_\_\_

**Complete card, fold and place in envelope on  
refrigerator or back of your front door.**

*Card may be duplicated with attribution.*

# EMS

**Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Emergency Information Enclosed**

