

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: _____



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: _____

**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

