

FLU SHOT DATE _____

PNEUMONIA SHOT DATE _____

OTHER IMMUNIZATIONS

HEARING AIDS YES NO

DENTURES YES NO

GLASSES / CONTACTS YES NO

CPAP MACHINE YES NO

PACEMAKER YES NO

PACEMAKER MODEL NO. _____

SPECIAL NOTES _____



Maryland Retired School Personnel Association
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Odenton, MD 21113 410-551-1517
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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**

