

HELP BELTS®

Medical Alert Seat Belt Covers



Trim Line



MEDICAL INFORMATION

www.Helpbelts.com



Name _____ Language _____

Date of Birth _____ Blood Type _____

Address _____

City _____ State _____ Zip _____

Emergency Contacts

Name _____ Phone _____ Relationship: _____

Name _____ Phone _____ Relationship: _____

Allergies/Reaction _____

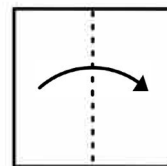
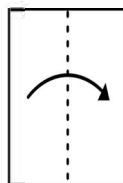
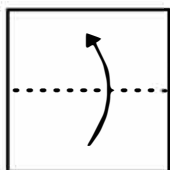
COVID19 Vaccinated YES/NO Blood Thinners YES/NO Seizures YES/NO DNR YES/NO

Medications/Dosage/Frequency

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medical Conditions

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Surgeries/Year

Medical Providers

Hospital

Primary Care

Phone

Specialty Care

Phone

Specialty Care

Phone

Pharmacy

Phone

Personal/Religious Preferences

Additional Details

Updated