

Please cut and distribute to adults in your Troop/Group and Service Team.
Card should be carried in your wallet at all times.

 <p>(800) 922-2770 Adult Health History</p> Name: _____ Any chronic or recurring illness (convulsions, diabetes, asthma, etc.) _____ Date of last tetanus shot: _____ List any allergies (penicillin, aspirin, insect bites, etc.) _____ Note any medication normally carried and for what and how it should be administered: _____ _____	 <p>(800) 922-2770 Adult Health History</p> Name: _____ Any chronic or recurring illness (convulsions, diabetes, asthma, etc.) _____ Date of last tetanus shot: _____ List any allergies (penicillin, aspirin, insect bites, etc.) _____ Note any medication normally carried and for what and how it should be administered: _____ _____	 <p>(800) 922-2770 Adult Health History</p> Name: _____ Any chronic or recurring illness (convulsions, diabetes, asthma, etc.) _____ Date of last tetanus shot: _____ List any allergies (penicillin, aspirin, insect bites, etc.) _____ Note any medication normally carried and for what and how it should be administered: _____ _____
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