EMERGENCY PASS

With this emergency card, you can help the emergency rescue service and all physicians and nurses involved in your treatment to provide all the informations they may need. Make several copies of this and always keep the latest version for example in your wallet next to your health insurance card.

Personal details		**RELEVANT pre-existing conditions**			
Surname			Yes	No	Comments
First name		Stroke	☐	☐	
Date of birth		Bronchial asthma / COPD	☐	☐	
Height		Coronary heart disease	☐	☐	
Weight		Previous heart attack	☐	☐	
Allergies		Pacemaker	☐	☐	
		Defibrillator	☐	☐	
		High blood pressure	☐	☐	
Covid-19 vaccination number, when?		Chronic kidney disease	☐	☐	
Long-term medication		Dialysis treatment	☐	☐	
e.g. Bisoprolol 5mg 1-0-0		Diabetes (insulin therapy?)	☐	☐	
		Infectious diseases (HIV,HCV)	☐	☐	
		Surgical procedures	☐	☐	
Anticoagulation Blood thinners	☐ Yes ☐ No				
Tetanus vaccination	☐ Yes ☐ No				

Documents	**existing?**		**Location of document AND comments**
	Yes	**No**	(e.g. deposited with a contact person plus telephone number of the Contact person)
Health care proxy	☐	☐	
Legal guardianship	☐	☐	
Living will	☐	☐	
Organ donor	☐	☐	

Emergency contact 1		**Emergency contact 2**	
Relationship		Relationship	
Surname, first name		Surname, first name	
Address		Address	
Phone number		Phone number	

Primary Care Provider / Health Care Provider			
Name		Name	
Specialty		Specialty	
Phone number		Phone number	
Fax number		Fax number	

If you have any other important information, you can provide it here or use the backside of this page:

I confirm the accuracy of the information provided above:

_____
Location and date

_____
First and last name, Signature