

Personal Medical Information Sheet



Document your medical conditions for easy access to care and to provide visitors with pertinent information to assist you.

Name		
Doctor		
D.O.B		
Medical conditions	List any medical problems	
Medications you are taking	Add what and when it is needed	

ProTrainings Europe Limited

22 Westside Centre, London Road, Stanway, Colchester CO3 8PH Telephone: 01206 805359

Email: sales@protrainings.uk www.protrainings.uk

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**Allergies; are you allergic to anything?
(Please include allergies and the medication needed)**

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**If unwell, who needs to be informed? Please state more than one contact.
(Please include first name, contact number, relationship etc.)**

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Notes – Add any other information that would help someone care for you

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