

IMPORTANT HEALTH INFORMATION

**I have no
functioning spleen**

I am susceptible to overwhelming infection, particularly pneumonia, septicaemia (blood poisoning) and meningitis. Please show this card to the nurse or doctor if I am taken ill.

Always carry this card with you

Name

Address

Postcode

Tel

GP Tel

Hospital Tel

I have been immunised against (please tick/tick and date)

Pneumococcal	<input type="checkbox"/>	MenACWY	<input type="checkbox"/>	MenB	<input type="checkbox"/>
--------------	--------------------------	---------	--------------------------	------	--------------------------

Flu	<input type="checkbox"/>	Date	Date	Date	Date
-----	--------------------------	------	------	------	------

COVID-19	<input type="checkbox"/>	Date	Date	Date	Date
----------	--------------------------	------	------	------	------

I take the following antibiotics regularly (name/s):
