WALLET CARD

Wallet cards can be helpful for organizing your medication information and sharing it with others. Fill out this wallet card, cut it out, and carry it with you.

For personal use only. Permission required for all other uses.

Medication Record For:

_____
Name

_____
Date

Bronchiectasis & NTM
ASSOCIATION

Vaccines

Date(s):

Pneumococcal _____

Flu _____

COVID-19 _____

Pertussis _____

Shingles _____

Emergency Contact

Name: _____

Phone#: _____

Medications

_____
_____
_____
_____
_____
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_____

Medication Allergies

_____
_____
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_____
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_____
_____

*Macrolide monotherapy (azithromycin/clarithromycin) is not recommended for those at risk of NTM.

Sputum Culture

_____
_____
_____
_____
_____
_____
_____
_____
_____