



Publisher

**CONTERGANSTIFTUNG**

**EMERGENCY ID**

## General Information

Name

First name

Date of birth

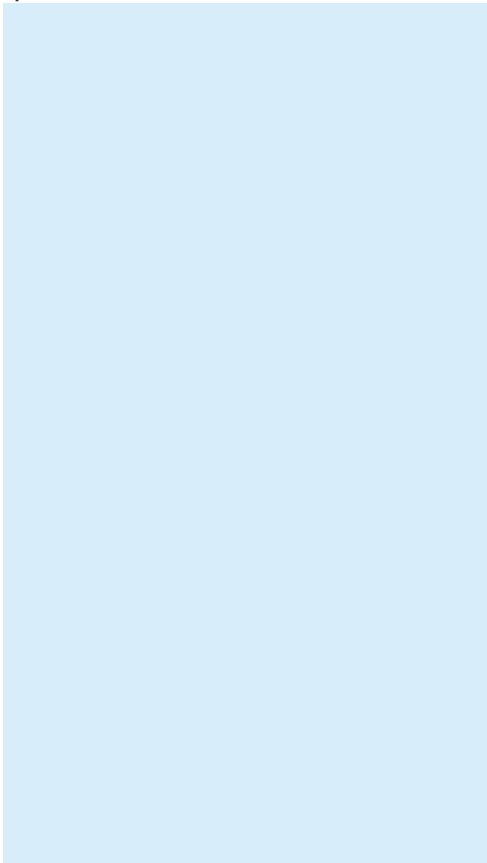
Street, number

Postal code, city

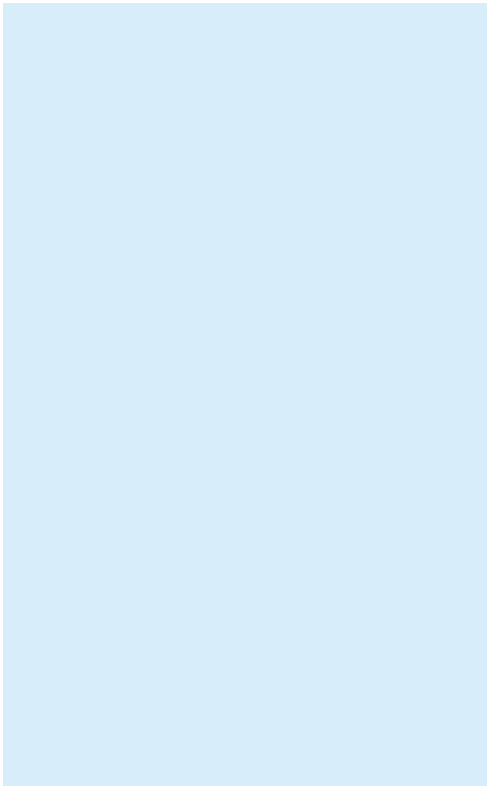
Phone

Mobile


## Special medical features:



**Notes on blood collection:**



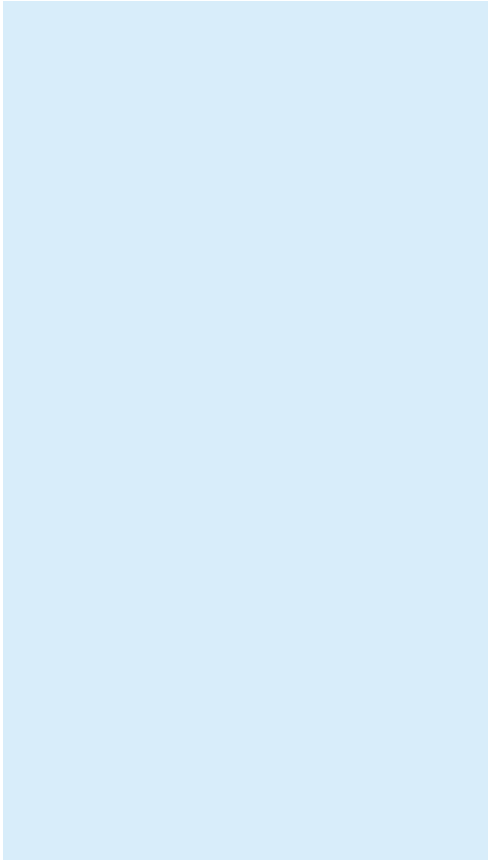
**Blood type:**



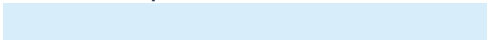
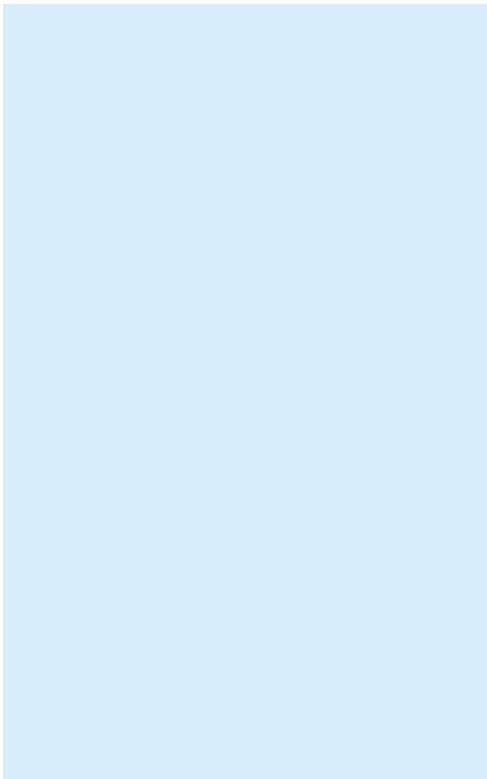
## Instructions for measuring blood pressure on a leg:



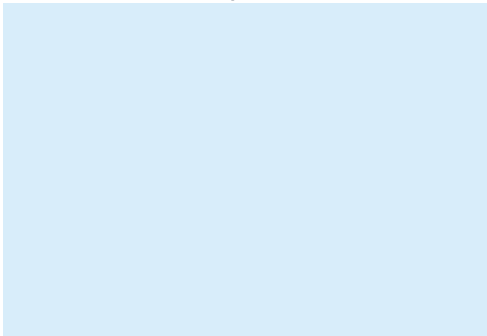
Medication as of [redacted] / [redacted] / 20 [redacted]



**Medical contact person:**

A horizontal light blue rectangular bar used to redact information.A large vertical light blue rectangular area used to redact the majority of the page's content.

**Holder of the ID card is a patient at / in:**



Phone



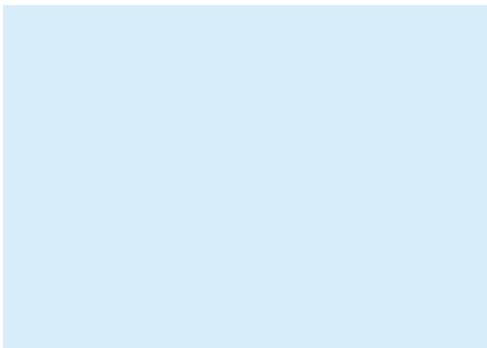
Fax



E-mail



**Further information:**



### **Private emergency contact 1:**

Name

First name

Phone

Mobile

### **Private emergency contact 2:**

Name

First name

Phone

Mobile