

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 MenACWY MenB

Flu

COVID-19

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