

Disaster Prevention Card

Name		Distination of sex	date of Birth
			. .
Address	<input type="text"/>		
Place of employment	<input type="text"/>		
Blood Type	Remarks (Illness(es) you are being treated for, name of medication, etc.)		

Family contact	
	. .
	☎
	☎
	☎
Your regular medical institution(s), etc.	
	<input type="text"/>

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