



LIFE BADGE

Congratulations on your purchase of this personal health file! To complete your Life Badge card, log on to the Internet and simply follow the "Instructions for Use". The questionnaire set out below will assist you.

Instructions for use

While holding your LIFE BADGE, scratch off the grey part in the bottom right-hand corner to reveal your personal number.

Then, using any computer connected to the Internet:

- Go to www.lifebadge.org
- Enter the 23 digits making up your number in the area provided.
- Follow the instructions on screen.
- The secret password requested will allow you to enter or alter your personal health data.

All questions are optional.

- To go to the next heading, click on the tab for that section (e.g. Allergies, etc.).
- When you have finished, confirm by clicking on the "save" or "leave and save" icon.
- Place your Life Badge card in your wallet or briefcase together with your identity cards. This will make access easier when needed.

For security reasons, it is a good idea to write

your card number here: _____

If you think you might forget your secret code, write it down and keep it in a place where others cannot find it: _____

The paper questionnaire will allow you the option of answering all the "health" questions with complete peace of mind, with or without assistance, before any information is encoded

General information

Surname: _____ Year of birth: _____
 First name: _____ Gender: F M
 Nationality or residence: _____
 Blood group: O A B A|B Rhesus factor: + -

This questionnaire has been completed with the assistance of a doctor: yes no

Tel: 1st person to contact: _____ Capacity: _____
 Tel: 2nd person to contact: _____ Capacity: _____
 Tel: 3rd person to contact: _____ Capacity: _____
 Tel: 4th person to contact: _____ Capacity: _____

Insurance notes:

Company: _____ Policy N°: _____
 Tel: _____ Type: _____
 Company: _____ Policy N°: _____
 Tel: _____ Type: _____

Allergies and intolerances

Aspirin:	<input type="checkbox"/> yes <input type="checkbox"/> no	Radiologic substances:	<input type="checkbox"/> yes <input type="checkbox"/> no	
Penicillins:	<input type="checkbox"/> yes <input type="checkbox"/> no		Cortisone or derivatives:	<input type="checkbox"/> yes <input type="checkbox"/> no
Sulfonamides:	<input type="checkbox"/> yes <input type="checkbox"/> no		Fructose:	<input type="checkbox"/> yes <input type="checkbox"/> no
Local anesthetics:	<input type="checkbox"/> yes <input type="checkbox"/> no		Galactose:	<input type="checkbox"/> yes <input type="checkbox"/> no
Latex:	<input type="checkbox"/> yes <input type="checkbox"/> no		Gluten:	<input type="checkbox"/> yes <input type="checkbox"/> no
Iodine:	<input type="checkbox"/> yes <input type="checkbox"/> no		Others: _____	_____
Anti-inflammatory compounds:	<input type="checkbox"/> yes <input type="checkbox"/> no		_____	_____
Insects:	<input type="checkbox"/> yes <input type="checkbox"/> no		_____	_____

Hereditary diseases

Hemophilia: yes no Thalassaemia: yes no
 Porphyria: yes no Others: _____

Prosthesis

Contact lenses:	<input type="checkbox"/> yes <input type="checkbox"/> no	→	Glasses:	<input type="checkbox"/> yes <input type="checkbox"/> no
Artificial eye:	<input type="checkbox"/> yes <input type="checkbox"/> no		Platform shoes:	<input type="checkbox"/> yes <input type="checkbox"/> no
Hearing aid:	<input type="checkbox"/> yes <input type="checkbox"/> no		Other prosthesis: _____	_____
Dentures:	<input type="checkbox"/> yes <input type="checkbox"/> no		_____	_____

Blood / Organs

I accept a possible transfusion of blood derivatives: yes no
 I agree to be organ donor after death: yes no

Others

Profession: _____

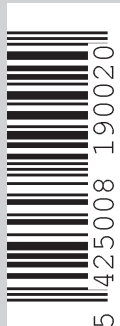
Miscellaneous: _____

LIFE BADGE

The card that could save your life...



LIFE BADGE



www.lifebadge.org

Note :

To consult your file, all that is needed is the 23-digit card number. The file may be consulted in the language chosen.

If you wish to update or alter your "health answers", you will need:

1. Your 23-digit card number.
2. Your secret password.

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