

EMERGENCY CONTACT DETAILS

Name:

Address:

Tel.:

Email:

Treating doctor/centre:

Tel.:

Please treat promptly

No intramuscular injections

No aspirin

INTERNATIONAL MEDICAL CARD

WORLD FEDERATION OF
HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOFILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA
Treatment for All



www.wfh.org

WFH INTERNATIONAL MEDICAL CARD



The bearer of this card
has a bleeding disorder.

He/she may be carrying
medical equipment and medication.

Please afford him/her any assistance
that may be necessary.

PERSONAL DETAILS

Name: _____

Address: _____

Tel. (H): _____

Tel. (W): _____

Email: _____

PATIENT INFORMATION

Diagnosis: _____

Factor Deficiency/Level: _____

Complications: _____

Treatment: _____

After injury repeat dose may be necessary.