

EMERGENCY CONTACT DETAILS

Name:

Address:

Country:

Tel:

email:

• PLEASE TREAT PROMPTLY •

• NO INTRAMUSCULAR INJECTIONS •

• NO ASPIRIN •

INTERNATIONAL MEDICAL CARD



WORLD FEDERATION OF HEMOPHILIA

FÉDÉRATION MONDIALE DE L'HÉMOFILIE

FEDERACION MUNDIAL DE HEMOFILIA

www.wfh.org

WFH INTERNATIONAL MEDICAL CARD

PERSONAL DETAILS

ABOUT MY DISORDER

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.

**PASSPORT
PHOTO**

Name:

Address:

Country:

Tel:

email:

Diagnosis:

Factor Deficiency/Level:

Complications:

Treatment:

After injury repeat doses may be necessary