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| Company LogoMedical AlertAttending PhysiciansThis card holder works with at [insert: workplace] in areas where hazardous biological, chemical, or radioactive agents or materials may be used. In the event of an unexplained illness, please contact the supervisor(s) listed on reverse side for information on specific agents or materials to which this person may have been exposed.**Company Clinic Hours Phone: xxx.xxx.xxxx**  | Note: The template at left is meant to serve as text for two sides of a standard business-size card (a dashed line separates the two sides). Modify/ resize according to your institution’s standards before printing as cards.  |
| **---------------------------------------------------------------------------------****Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_****Employee Emergency Contact \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** **Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Organizational Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****1º Supervisor Work Telephone Alternate Telephone****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2º Supervisor Work Telephone Alternate Telephone** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1º Supervisor Work Phone: Alternate Phone:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2º Supervisor Work Phone: Alternate Phone:** |  |
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