

## EMERGENCY CONTACT DETAILS

Name:

Address:

Tel.:

Email:

Treating doctor/centre:

Tel.:

Please treat promptly

No intramuscular injections

No aspirin

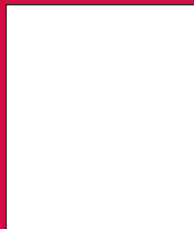
## INTERNATIONAL MEDICAL CARD

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



[www.wfh.org](http://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.