

Emergency Contact Information

Fill in the information/circle the answers below and be sure to always carry this card with you.

First Name: _____

Last Name: _____

Date of birth: _____



I have a primary immune deficiency called **Adenosine Deaminase Severe Combined Immune Deficiency** often referred to as **ADA-SCID**.

- When sick, I may not always show the same symptoms as someone who has a normal immune response.
- All fevers should be taken very seriously and treated empirically.
- Lack of a fever may not be an indication of the severity of my illness.

Reverse Isolation Precautions Required:	YES/NO
I am on Enzyme Replacement Therapy:	YES/NO
I am on IgG replacement therapy:	YES/NO
I am awaiting a Bone Marrow Transplant and/or Gene Therapy:	YES/NO
I have had a Bone Marrow Transplant and/or Gene Therapy:	YES/NO
I require Irradiated / CMV negative / leukocyte depleted blood products:	YES/NO

Emergency contact:	
Emergency contact number:	
Physician:	
Physician contact number:	
Medications:	
Allergies or medications which should not be given:	

EMERGENCY CONTACT CARD

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