EMERGENCY HEALTH CARD

RESOLUTE

HEALTH INSURANCE

Insurance Provider: _____

Insurance No.: _____

Insured Amount: _____

Valid Till Date: _____

CHRONIC MEDICAL CONDITIONS

- ☐ Hypertension
- ☐ Diabetes
- ☐ Cancer
- ☐ Asthma
- ☐ Cholestrol

Other: _____

Medications: _____

Allergies: _____

NAME:

AGE: BLOOD GROUP:

ADDRESS:

www.theresolute.ai

EMERGENCY HEALTH CARD

EMERGENCY CONTACTS

NAME	RELATION	MOBILE NO.

Download the Resolute App now.