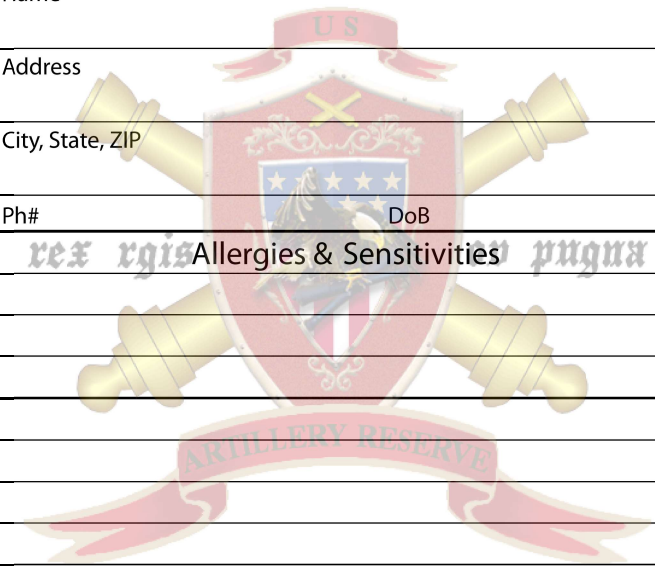


FOLD


FRONT

US Artillery Reserve Medical Card	
Unit:	In Case of Emergency
Name	Name
Address	Relationship
City, State, ZIP	Phone #
Ph# DoB	Phone #
 Allergies & Sensitivities	Medications

BACK

FOLD

FRONT

US Artillery Reserve Medical Card	
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