

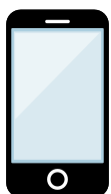
Health Passport



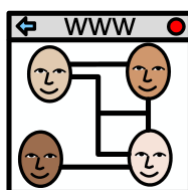
Name:



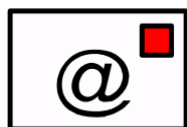
Date of Birth:



Phone:



Social Media:



Email:



Other Contacts:



Travelled with:





Symptoms

stomach
ache



nausea



diarrhoea



constipation



urine pain



bleeding



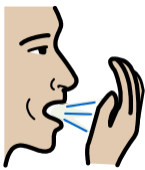
foot ulcer



numb foot



cough



cold



sore throat



temperature



headache



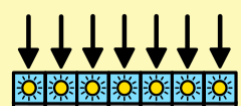
toothache



earache



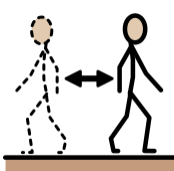
every day



depressed



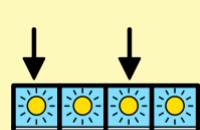
restless



can't sleep



some days



1

2

3

4

5

6

7

8

9

10



My Medical History

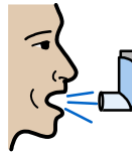
heart
problem



diabetes



asthma



breath
problems



kidney
problem



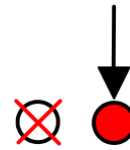
stroke



epilepsy



other



My Medication

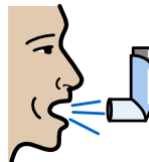
tablets



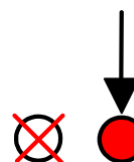
insulin

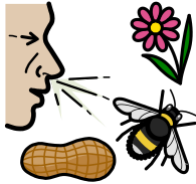


inhaler



other





My Allergies

medicine



insect sting



pollen



gluten



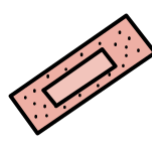
dairy food



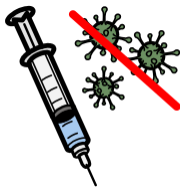
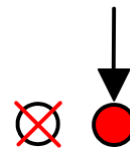
fur



plaster



other

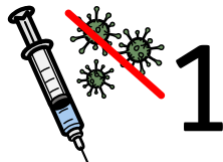


Covid Vaccination

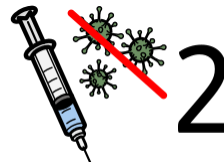
No Vaccine



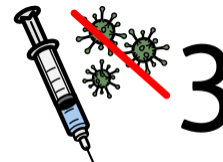
1st dose



2nd Dose



3rd Dose



Symptoms



stomach ache



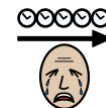
nausea



diarrhoea



constipation



continuous
crying



eat object



headache



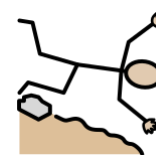
sore throat



cough



cold



trip



swallow
poison



temperature



toothache



earache



short of
breath



rash



sting



sleep too
much



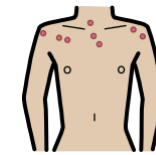
sleeps too
little



sick



don't want
food


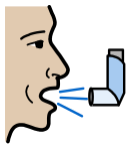





spots

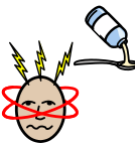

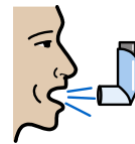




itch







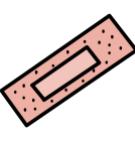
Medical History

 heart problems	 asthma	 breathe problems
 kidney problems	 epilepsy	



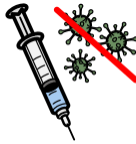

Current medicines

 for epilepsy	 antibiotics	 inhaler
 cough medicine	 for temperature	

Allergies

 medicine	 insect sting	 pollen	 gluten
 dairy food	 fur	 plaster	

Covid

 no vaccination	 1st dose
 2nd dose	 3rd dose

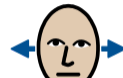
Quick talk



I



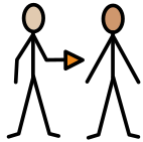
yes



no



I don't know



you



hello



want



where



look



please



like



what



stop



thank you



go



when



bad



great



come



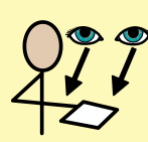
who



sorry



more



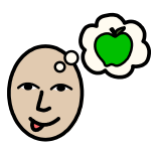
show me



help



thirsty



hungry

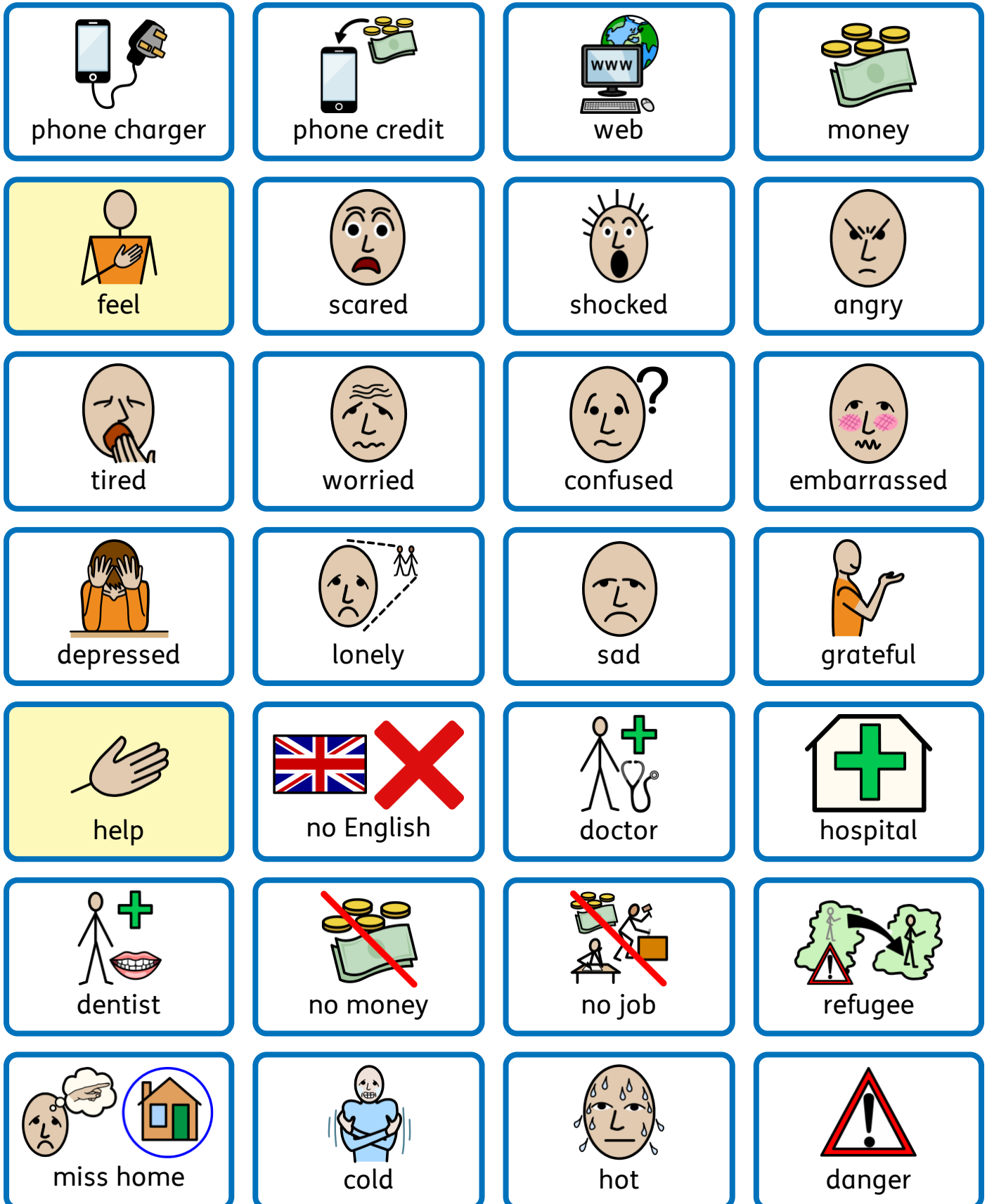


ill

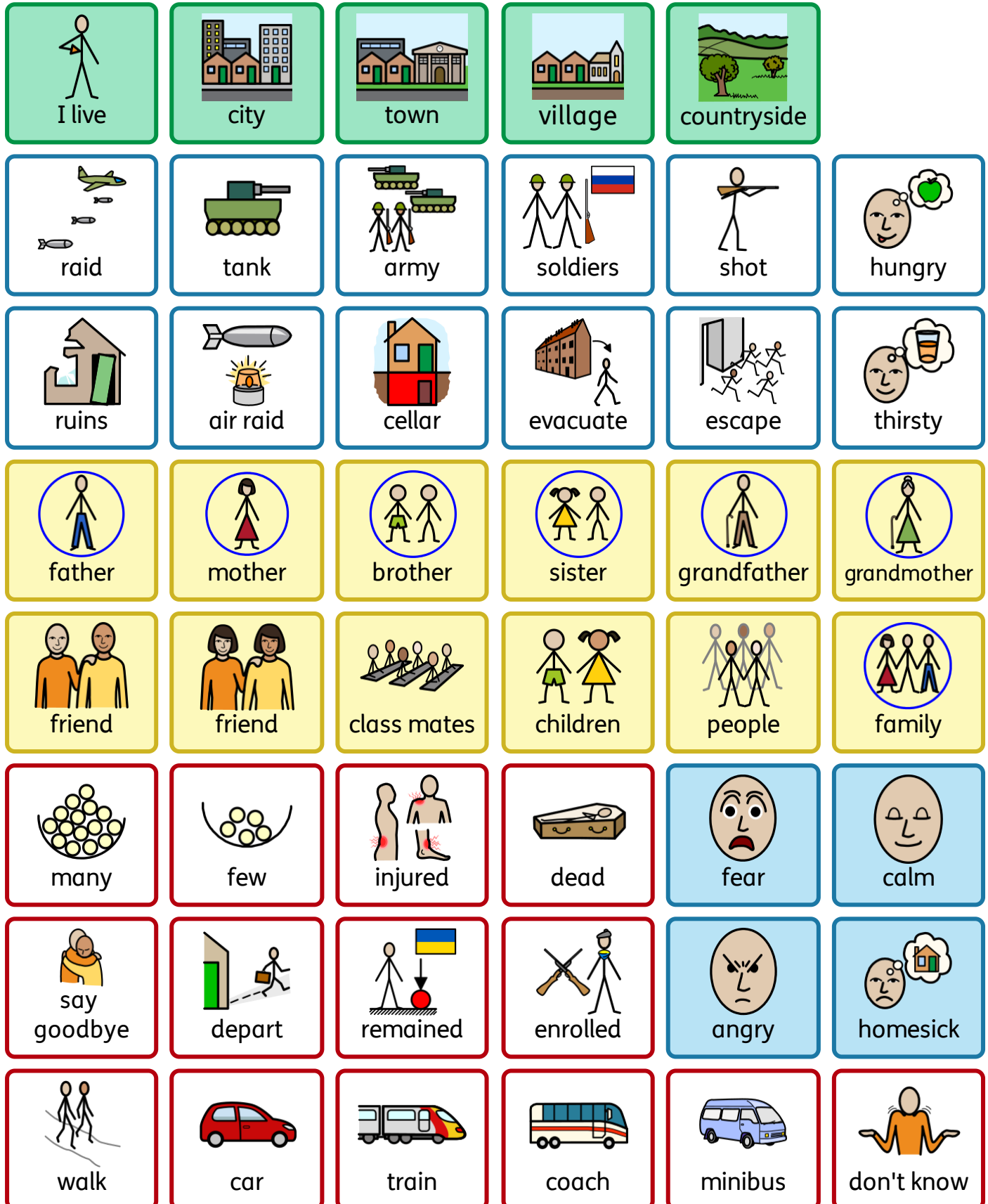


tired

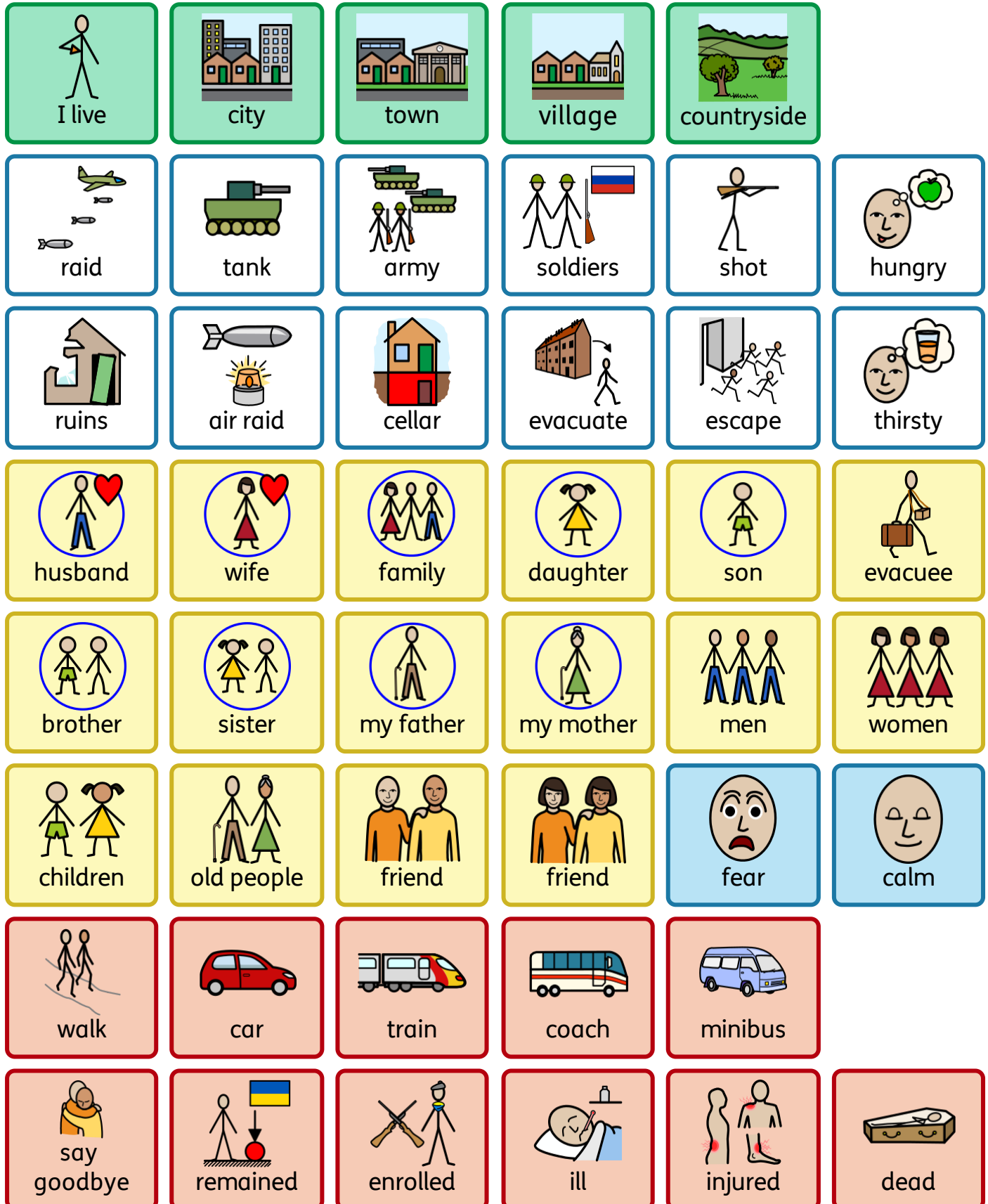
Quick talk



Tell my story - Child



Tell my story - Adult



First days at new home Communication Board



Name



bathroom



hug



sleep



snack



draw



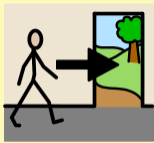
play



cook



read a book



go out



watch TV



playstation



Lego



listen to music



playground



taste good



taste bad



don't
understand



afraid



sad



feel bad



happy



tired



cold



hot

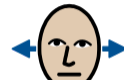
Quick talk



I



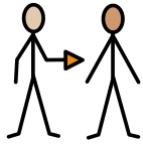
yes



no



I don't know



you



hello



want



where



look



please



like



what



stop



thank you



go



when



bad



great



come



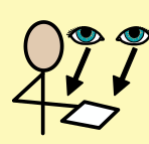
who



sorry



more



show me



help



thirsty



hungry



ill



tired

First days at School Communication Board



Name



toilet



thirsty



hungry



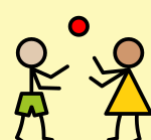
snack



draw



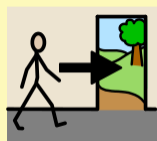
play alone



play



read a book



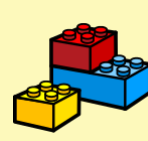
go out



collage



puzzle



Lego



plasticine



toy cars



doll



teddy



don't
understand



afraid



sad



feel bad



happy



tired



cold



hot

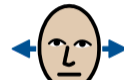
Quick talk



I



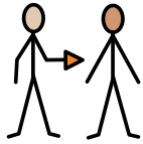
yes



no



I don't know



you



hello



want



where



look



please



like



what



stop



thank you



go



when



bad



great



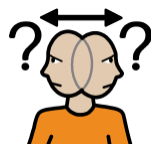
come



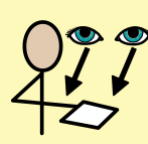
who



sorry



I am lost



show me



help



thirsty



hungry



ill

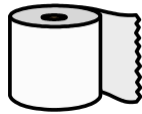


more

I need - child



WC



toilet paper

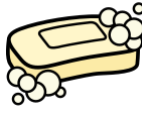


clean pad

Name: _____



Shower



soap



shampoo



towel



hairdryer



comb



hairbrush



hair clip



hair band



deodorant



toothpaste



toothbrush



Clothes



underwear



trousers



t-shirt



jumper



coat



hat



gloves



scarf



trainers

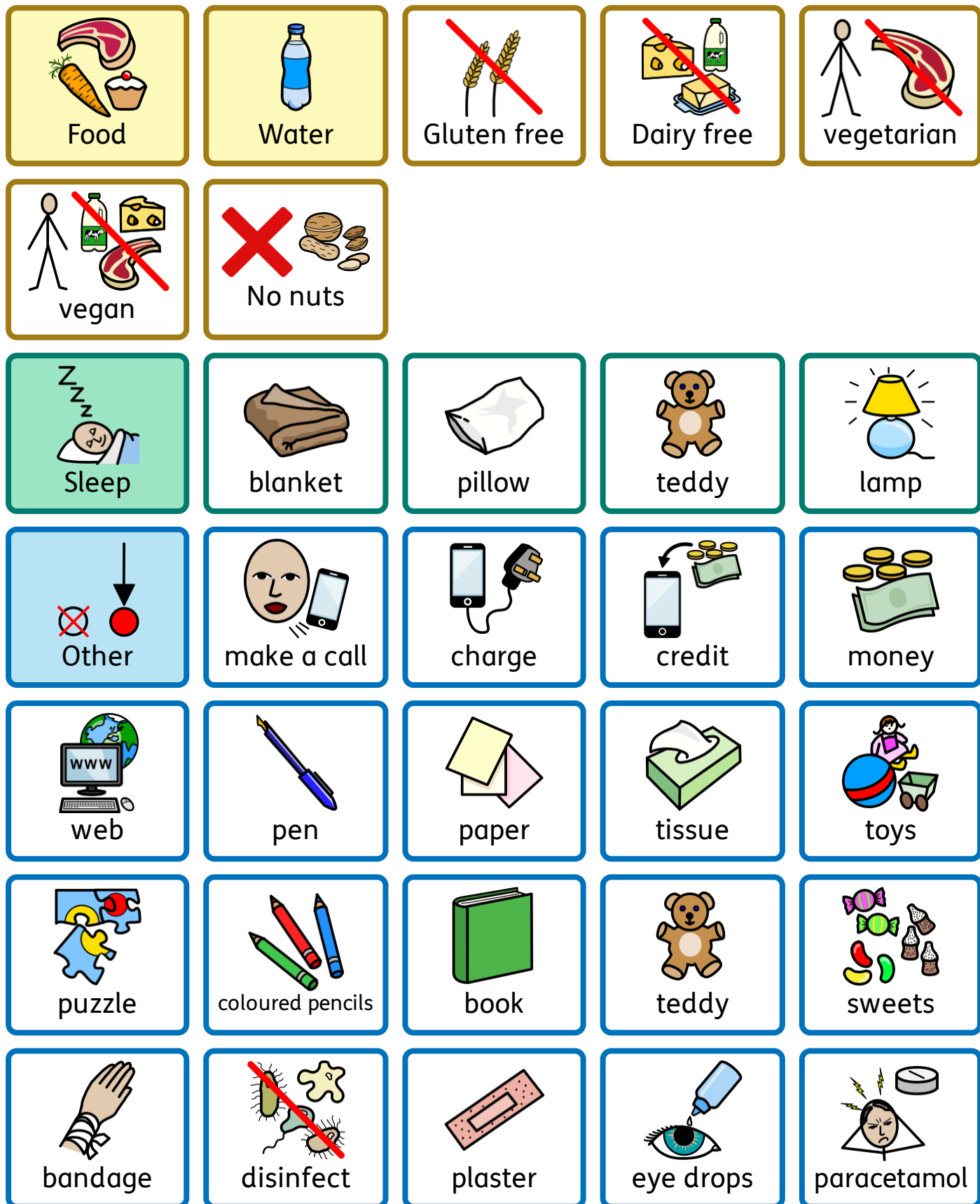


socks



pyjamas

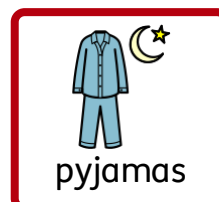
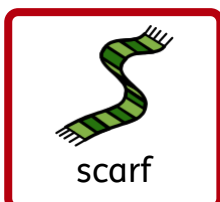
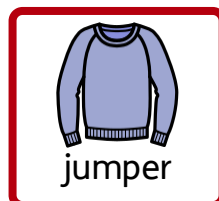
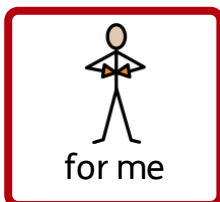
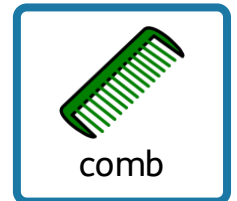
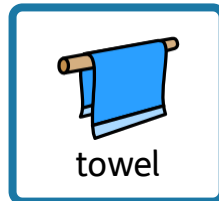
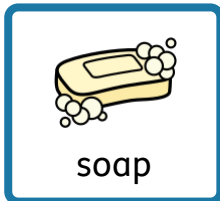
I need



I need - Adult



Name: _____



I need

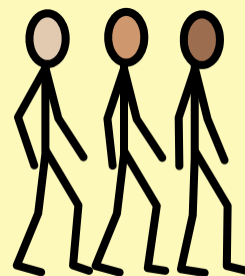




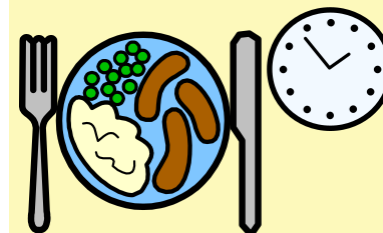
toilet



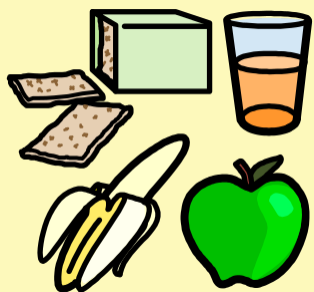
wash
hands



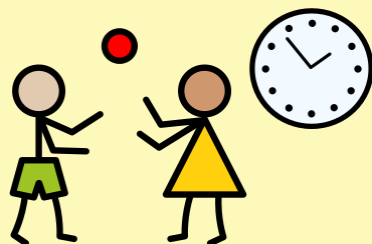
line up



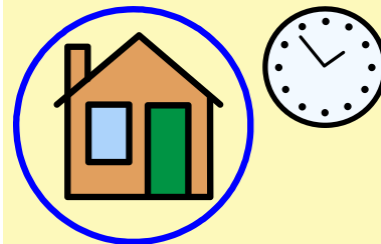
dinner
time



snack



play time



home time



music

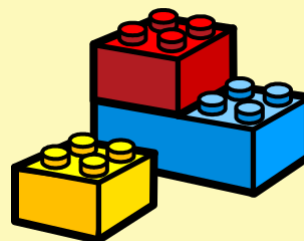




draw



read a
book



Lego



puzzle



PE



circle time



playground



lessons

