

## Organ Donor Card

(pursuant to Section 2 of the Transplantationsgesetz (German Transplantation Act))

In the event that organ/tissue donation for transplantation is possible after my death, I declare:

- Yes, I give permission for organs and tissue to be taken from my body after a doctor's certification of death.
- Yes, I give permission for the use of my organs/tissue with the exception of the following:  
\_\_\_\_\_
- Yes, I give permission for the use of my organs/tissue but only for the following:  
\_\_\_\_\_
- No, I do not want organs or tissue to be taken from my body.
- The following person should decide whether Yes or No:

\_\_\_\_\_  
Surname, first name

\_\_\_\_\_  
Street, house number

\_\_\_\_\_  
Postal code, city

\_\_\_\_\_  
Date, signature

## In case of an accident or emergency, please inform

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Mobile phone number

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Mobile phone number

\_\_\_\_\_  
Primary care physician

\_\_\_\_\_  
Telephone number

Health care proxy (Vorsorgevollmacht)  Yes  No

Lasting power of attorney for health care (Betreuungsverfügung)  Yes  No

Advance decision/living will (Patientenverfügung)  Yes  No

\_\_\_\_\_  
Deposited where?

## Emergency ID card



Space  
for  
photo

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Street, house number

\_\_\_\_\_  
Postal code, city

## Diseases / Medical Conditions / Pre-existing Conditions

Heart attack  Yes  No

Bypass operation(s)  Yes  No

Anticoagulation (blood thinning)  Yes  No

Cardiac pacemaker  Yes  No

High blood pressure  Yes  No

Asthma/chronic bronchitis  Yes  No

Diabetes  Yes  No

Kidney disease  Yes  No

Dialysis since: \_\_\_\_\_

Haemophilia (bleeding disorder)  Yes  No

Which type? \_\_\_\_\_

Allergies  Yes  No

Which type? \_\_\_\_\_

Epilepsy (falling sickness)  Yes  No

Glaucoma  Yes  No

## Tetanus vaccinations

Date	Preparation + batch no.

## Long-term medicinal treatment

Preparation	batch no.	Since when?

Notes \_\_\_\_\_

\_\_\_\_\_

## Blood group and Rh factor

(Both will be redetermined in the case of an accident or emergency.)

\_\_\_\_\_

## Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date Stamp, doctor's signature

**Always carry this card with you, it can save your life.**

**Police 110** (Germany), **Emergency number/Fire brigade 112** (European Union), **Non-emergency medical helpline** (On-call) **116 117** (Germany).