

Attachment A

<p>I am a person with a brain injury</p> <p>Name:</p> <p>Address:</p> <p>Emergency Contact:</p> <p>Emergency Phone:</p>  <p>pennsylvania DEPARTMENT OF HEALTH</p> <p>Please see reverse side</p>	<p>I can best communicate in a calm, non-confrontational manner. If you observe any of the symptoms below, please help me by calling the emergency contact listed on this card. THANK YOU!</p> <p>My Brain Injury Symptoms Include:</p> <ul style="list-style-type: none">Poor coordination, balance or muscle control.Slurred speech, impaired judgement.Impaired attention, concentration, memory.Delayed thought processing and response time.Difficulty controlling anger or aggressive behavior.Seizures, headaches or fatigue.Sensitivity to light and sound. <p>Additional:</p> <p>2/18</p>
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(front of card)

(back of card)