

Antibiotic Allergy Alert Card



Name: _____

I have undertaken a formal allergy assessment on ____ / ____ / ____

I **cannot** take the following antibiotics:

Drug	Reaction	Confirmed by testing

Antibiotic Allergy Alert Card



I **can** take the following antibiotics:

Assessment Location: _____

Assessor (Role): _____

Contact (for further information): _____