Health Card- Personal Information

Name: _____

Task: Find information on the health card and answer the questions.

1. What is his last name? _____
2. When was he born? _____
3. What is his health card number? _____
4. When does his card expire? _____
5. What month is 10? _____

Task: Fill out this simple form.

_____	_____
Last Name	**First Name**
_____	____/ ____/ _____
Health Card Number	**Year Month Day**
	Birth Date