

## Health Card- Personal Information

Name: \_\_\_\_\_

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

**Fillable Copy** Ontario

**Health • Santé**

Geraldo Angelo

8193 - 658 - 003 - TM

**Born** 1969 10 23 **Sex** M

Year Month Day

**Iss** 2017 09 30 **Exp** 2022 10 23

YR MO DA YR MO DA

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.

|                           |                       |
|---------------------------|-----------------------|
| _____                     | _____                 |
| <b>Last Name</b>          | <b>First Name</b>     |
| _____                     | ____/____/____        |
| <b>Health Card Number</b> | <b>Year Month Day</b> |
|                           | <b>Birth Date</b>     |