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

LIVEWORKSHEETS