



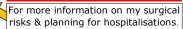
MEDICAL ALERT

My medical history includes **polio**. I now experience symptoms of

Late Effects of Polio

I may require additional assistance or specialised treatment to **reduce my risks.**

Please discuss treatments with me, my family or carer, and my GP. Please also inform other staff of my condition.



RISKS TO MITIGATE

Medications

Surgery and Anaesthesia Falling and

Fractures

Activity and Exercise

contact@ polioaustralia.org.au







Late Effects of Polio (LEoP)

New muscle weakness on paralysis

Profound fatigue

Muscle & joint pain

Sleep disturbances

Breathing & swallowing difficulties

Cold intolerance