

**\*Ensure print options are set to print on both sides flipping on short edge. This is optimised for A4 paper.\***



**MEDICAL ALERT**


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

**Late Effects of Polio**

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



For more information on my surgical risks & planning for hospitalisations.




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**RISKS TO MITIGATE**

- Medications
- Surgery and Anaesthesia
- Falling and Fractures
- Activity and Exercise

contact@polioaustralia.org.au



Learn more via QR

**Late Effects of Polio (LEoP)**

- New muscle weakness on paralysis
- Profound fatigue
- Muscle & joint pain
- Sleep disturbances
- Breathing & swallowing difficulties
- Cold intolerance

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