

**BRAIN INJURY SURVIVOR IDENTIFICATION CARD
APPLICATION FORM**

Please complete the following information as it will appear on the Survivor ID Card:

NAME: _____

ADDRESS: _____

EMERGENCY CONTACT: _____
(NAME AND PHONE NUMBER)

HEALTHCARE PROFESSIONAL RESPONSIBLE FOR EVALUATING AND/OR MANAGING PATIENT'S BRAIN INJURY:

NAME: _____

PRACTICE: _____

CONTACT: _____

SIGNATURE: _____

Please let us know where you would like this ID card mailed (or place of pick up):

Email this form to: navigator@braininjuryns.com

or Mail this form to: Brain Injury Nova Scotia
290 - 1658 Bedford Hwy
Bedford NS B4A 2X9

or call 902-422-5000 for assistance with requesting this ID card.

The Brain Injury Association of Nova Scotia will process requests as quickly as possible and will mail out or contact you regarding status.

<p>BRAIN INJURY SURVIVOR IDENTIFICATION CARD</p> <p>Brain Injury Association of Nova Scotia</p> <p><i>First name</i> <i>Last name</i></p> <p>Address, City, Postal Code</p> <p>Emergency contact: Full name, Phone number</p> <p>ID NO.: 12345</p>	<p>I AM A BRAIN INJURY SURVIVOR</p> <p>My behaviour may be impacted by my brain injury. I may act impulsively and have trouble regulating my emotions as a result of my injury.</p> <p>Because my coordination, muscle control, speech, vision, hearing, and/or understanding may be impaired by my injury, I may be unable to perform physical tests or respond to your questions clearly. I will cooperate with you to the extent that I am able.</p> <p>Please contact my emergency contact on the reverse of this card as quickly as possible.</p> <p>Brain Injury Association of Nova Scotia</p> <p>Brain Injury Association of Nova Scotia 1658 Bedford Highway, Unit 290, 902-422-5000, https://braininjuryns.com</p>
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This card is intended to identify you as a brain injury survivor in emergency and/or social situations. For this reason, **a photo is required to personalize the card.** This will help the card holder explain the effects of their brain injury and request any support they may need.

A photo may be submitted via email or regular mail along with this application form. The Brain Injury Association of Nova Scotia will reach out to assist you with photo submission if a photo is not received or requires alteration.

Please ensure:

- The photo is a passport style photo of yourself (no group shots or pets)
- The photo is clear and in focus
- The photo has a plain, neutral background
- You are facing forward and looking straight at the camera
- No accessories may be worn (hats, sunglasses, etc.)
- Any format is acceptable, though JPEG is preferred

Please note that this card does not entitle the holder to any medical or insurance benefits.