

Packing Checklist



DOCUMENTS

- Contact card with your address, phone number and an emergency contact
- Copies of all prescriptions
- MG Emergencies card (on following page)
- Healthcare provider's information
- Medical ID card or medical journal
- Health insurance card(s)
- Trip insurance documentation
- Lodging information
- Driver's license or passport
- US embassy or consulate information if you are traveling out of the country

ITEMS TO MAKE TRAVELING MORE COMFORTABLE

- A walking aid, if needed
- Clothing that can be layered
- Comfortable shoes
- Compression socks
- Reusable water bottle
- Neck pillow
- Travel blanket

MEDICAL SUPPLIES

- All MG medications, including injectables, pills, etc. and any other medication or supplement you need.* Keep them in their original bottles and carry copies of your prescriptions
- First aid supplies including: bandages and over-the-counter medicines for nausea, headaches, cough, colds, pain or fever. Ask your doctor which medications are appropriate for you

ADDITIONAL ITEMS BASED ON YOUR TRAVEL EXPERIENCES

*Check the [Transportation Security Administration website](#) to see what items are permitted in airports and on airplanes.



MG Emergencies Card



* Keep this card on you in case of an emergency. Share it with ER providers or paramedics to help communicate key information.

* Print this page, cut out the card content and fold it at the dotted lines.

I have myasthenia gravis (MG). Here's what you need to know:

MG is a rare autoimmune, neuromuscular condition that causes muscle weakness and fatigue. Complications from MG are treatable, but some of them can be life-threatening.

Please contact my doctor to discuss any of this information, including medications and tests:

Physician name: _____

Phone #: _____

Institution: _____

Specialty: _____

Additional healthcare team information: _____

COMMON MG SYMPTOMS

I tend to experience the following in an MG crisis:

<input type="checkbox"/> Eyelid drooping	<input type="checkbox"/> Shortness of breath/difficulty breathing
<input type="checkbox"/> Blurred or double vision	<input type="checkbox"/> Weakness in the arms and legs
<input type="checkbox"/> Difficulty speaking	<input type="checkbox"/> Difficulty walking/standing
<input type="checkbox"/> Difficulty chewing/swallowing	<input type="checkbox"/> Fatigue from repeated muscle use
<input type="checkbox"/> Choking	
<input type="checkbox"/> Difficulty supporting neck	

PERSONAL INFORMATION

Full name: _____

Emergency contact

Name: _____

Phone #: _____

Relationship: _____

PERSONAL INFORMATION (CONT'D)

Medications: _____

Medication allergies/contraindications: _____

MG Emergencies Card

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