

VIAL OF LIFE

VialofLife.com • 1-888-724-1200

Medical Information Form

DATE (COMPL	ETED:
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FIRST NAME	IN	INITIAL		LAST NAME		SSN	
STREET		CITY	(STATE	ZIP	TELEPHON	IE
DOB	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION
List Hearing Di	fficulties					DENTURES UPPER LOWER	UNABLE TO SPEAK
List Vision Difficulties					PRIMARY LANGUAGE (IF NOT ENGLISH)		
Identifying Ma	rks					•	
Current Medic	al Conditions						
Past Medical C	Conditions						
Current Medic	ations: Dosage	& Freque	ncv				
		STEque					
Allergies to Me	edications						
Doctor's Name	e & Phone Num	nber					
Last Hospitaliz	ation						
Special Instruc	tions (Such as	Health Dii	rectives, E	Etc)			
Health Insuran	ice Policy						
	Emerg	ency Cont	act - Nam	ne, Address, Pl	none Number	, & Relationship	·
PRINT C	LEARLY •	FOLLO	W DIRE		ВАСК ТО	STORE ON R	EFRIGERATOR

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1. Fill Out the Vial of Life Form

- Fill out the form located on reverse side. Answer all or any pertinent questions. All fields are optional.
- Make blank copies of this form to keep information current or go to <u>VialofLife.com</u> to maintain and store updated information online.





Thanks to the Vial of Life, first responders will have all the medical information they need to best treat you...



2. Prepare Your Plastic Baggie

- Place one Vial of Life decal on the front of a plastic baggie. Fold filled out form and place in the baggie.
- You may also consider adding the following items: Copy of EKG, DNR (Do Not Resuscitate), Living Will or Equivalent, Recent Picture of Self.

3. Place Baggie on Fridge Door

• Securely tape the plastic baggie to the front of your fridge. Place the baggie at eye level so that first responders can easily find your complete medical information.

4. Place the Second Decal on Your Front Door

 Place the second decal on your front door at eye level. This lets your local first responders know where your medical information is located.



Save, Update and Print Your Medical Information Online at: VIALOFLIFE.com