

VIAL OF LIFE VialofLife.com • 1-888-724-1200 Medical Information Form

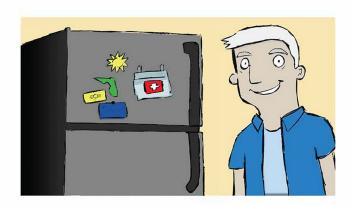
| | | | | | DATE CON | IPLE | IED. | |
|---------------------------|----------------|------------|------------|---------------|-------------|--------------------------------------|---------------|-----------------|
| FIRST NAME | INITIAL | | LAST NAME | | | | PETS IN HOME: | |
| STREET | | CITY | ′ | STATE | ZIP | | TELEPHON | E |
| DOB | MALE/FEMALE | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR | BLO | OOD TYPE | RELIGION |
| List Hearing Difficulties | | | | | | DENTURES UNABLE TO SPEAK UPPER LOWER | | UNABLE TO SPEAK |
| List Vision Difficulties | | | | | | PRIMARY LANGUAGE (IF NOT ENGLISH) | | |
| Identifying Ma | rks | | | | | | | |
| Current Medic | al Conditions | | | | | | | |
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| | | | | | | | | |
| Past Medical C | conditions | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Current Medic | ations: Dosage | & Freque | ncy | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Allergies to Me | edications | | | | | | | |
| Doctor's Name | & Phone Num | ber | | | | | | |
| Last Hospitaliz | ation | | | | | | | |
| Special Instruc | tions (Such as | Health Dir | ectives. E | :tc) | | | | |
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| | | | = = | _ | | | | |
| Health Insuran | ce Policy | _ | | | | | | |
| | Emerge | ency Cont | act - Nam | e, Address, P | hone Number | , & Re | elationship | |
| | | | | | | | | |
| PRINT C | LEARLY • | FOLLO | W DIRE | CTIONS ON | BACK TO | STO | RE ON R | EFRIGERATOR |

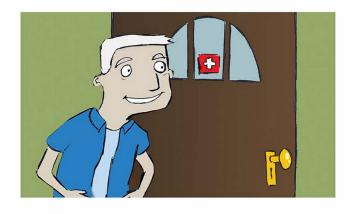


How to Set Up Your VIAL OF LIFE Kit:

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: