



VIAL OF LIFE

Medical Information Form

VialofLife.com • 1-888-724-1200

DATE COMPLETED:

FIRST NAME			INITIAL		LAST NAME			SSN			
STREET				CITY		STATE		ZIP		TELEPHONE	
DOB	MALE/FEMALE		HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR		BLOOD TYPE		RELIGION	
List Hearing Difficulties							DENTURES UPPER LOWER		UNABLE TO SPEAK <input type="checkbox"/>		
List Vision Difficulties							PRIMARY LANGUAGE (IF NOT ENGLISH)				
Identifying Marks											
Current Medical Conditions											
Past Medical Conditions											
Current Medications: Dosage & Frequency											
Allergies to Medications											
Doctor's Name & Phone Number											
Last Hospitalization											
Special Instructions (Such as Health Directives, Etc..)											
Health Insurance Policy											
Emergency Contact - Name, Address, Phone Number, & Relationship											
PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK TO STORE ON REFRIGERATOR											



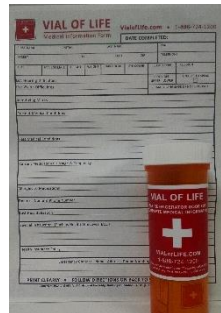
How to Set Up Your VIAL OF LIFE Kit:

1. Fill Out the Vial of Life Form

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

2. Fold completed form and place in vial.

- You may also consider adding the following items: DNR or Living Will, Recent picture of self



3. Place Vial on top shelf of refrigerator door.



4. Place 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.



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

Allergies to Medications
<i>Allergic to Penicillin and Anticonvulsants</i>
Doctors Name and Telephone Number
<i>Dr. Gerald Johnson 555-688-7787</i>



Save, Update and Print Your Medical Information Online at:

VIALOFLIFE.com