

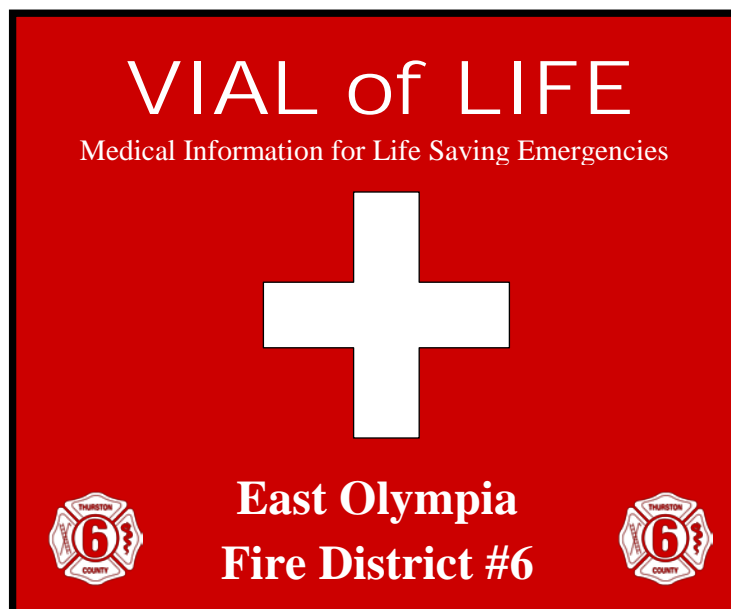


## What is a “Vial of Life?”

The Vial of Life is designed to speak for you when you cannot speak for yourself. This important personal medical information form can assist emergency personnel in administering the proper medical treatment.

### INSTRUCTIONS:

1. Complete the medical information form to the best of your ability with as much information as possible.
2. Place completed forms in the Ziploc bag, along with any DO NOT resuscitate orders, and place the Ziploc bag inside the refrigerator door.
3. Place the “Vial of Life” decal on the outside of the refrigerator door where fire department personnel can see it.
4. Carry a copy of this information with you when you travel away from home.
5. Update the form as needed or replace it with a new one.
  - Replacement forms are available at Headquarters Station 61, 8047 Normandy Street S.E. Olympia, WA 98501. Please call (360) 491-5533 to request a form to be mailed or,
  - Download and print the medical information form and a copy of the decal from our website at [www.eofd.org](http://www.eofd.org).



Date Completed: \_\_\_\_\_

Patient Information						
_____		_____		_____		
First Name		Middle Initial		Last Name		
_____			_____		_____	_____
Address			City		State	Zip Code
_____						
Telephone Number						
_____	_____	_____	_____	_____	_____	_____
Date of Birth	Male/Female	Height	Weight	Hair Color	Eye Color	Blood Type
Unable to Speak <input type="checkbox"/>	Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower		Pacemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Native language if not English: _____				Religion: _____		
List hearing difficulties: _____			List vision difficulties: _____			
Identifying Marks: _____						

Patient Medical Information
Current medical conditions: _____
_____
_____
Past medical conditions/surgeries: _____
_____
Current medications including dosage and times: _____
_____
_____
Allergies to medications: _____
_____
Last hospitalization: _____
Special instructions such as health directives, or DO NOT Resuscitate orders, etc.: _____
_____
_____
Doctor's Name: _____ Telephone No: _____
Health Insurance Policy: _____

Emergency Contact Information	
Name: _____	Relationship: _____
Telephone No. 1: _____	Telephone No. 2: _____
Name: _____	Relationship: _____
Telephone No. 1: _____	Telephone No. 2: _____
Name: _____	Relationship: _____
Telephone No. 1: _____	Telephone No. 2: _____