

S.E. Thurston Fire Authority

What is a “Vial Of Life”?

The Vial of Life is designed to speak for you when you can't speak for yourself. It is an important personal medical information form that can assist emergency personnel in administering the proper medical treatment.

How to use it:

- Download and print the Personal Medical Information form and a copy of the decal.
- Follow the instructions on the form and fill it out to the best of your ability with as much information as possible.
- Place the completed form in a Ziplock bag along with any do not resuscitate orders and place inside the freezer door.
- Put the copy of the decal on the outside of the freezer door where FD personnel can see it.
- Alternatively, instead of placing the bag in the freezer door, tape the bag with contents to the outside of the freezer door and place the decal on or around the front entry door.
- Carry a copy of this information with you when you travel away from home.
- Update the form as needed or replace it with a new one from our website.

Decal:





PERSONAL MEDICAL INFORMATION FORM

Life Saving Information for Emergencies

I certify that the information on this form is accurate and up-to-date. I also understand that emergency medical personnel may rely on this information and I agree to not hold emergency medical personal responsible for inaccurate and out of date information.

DATE COMPLETED/UPDATED _____ SIGNATURE _____

INSTRUCTIONS

- Fill out as much information as possible in pencil so the information can be updated periodically
- Put the completed form in a Ziplock back and place in the freezer, then stick the "Vial of Life" sticker on the fridge door.

PATIENT INFORMATION

Name:	Date of Birth / /
Address:	Gender: M F
City: State: Zip:	Marital Status: S M W D
Social Security No (Last 4 Digits):	Height: Weight:
English Speaking: Y N	Preferred Language:
Religious Preference:	

EMERGENCY CONTACTS

Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:

MEDICAL INFORMATION

Primary Doctor:	Doctor's Phone: ()
Secondary Doctor:	Doctor's Phone: ()
Hospital Preference:	
Do you have any advanced directives or Do Not Resuscitate orders: Y N	
Where are they kept?:	

HEALTH INFORMATION

Vision difficulties:	Hearing difficulties:
Allergies to medications: Y N List:	
Other Allergies:	
Do you have a pacemaker: Y N	

Current medical problems/conditions (list in detail below):

Previous Medical History/Surgeries Inc:

