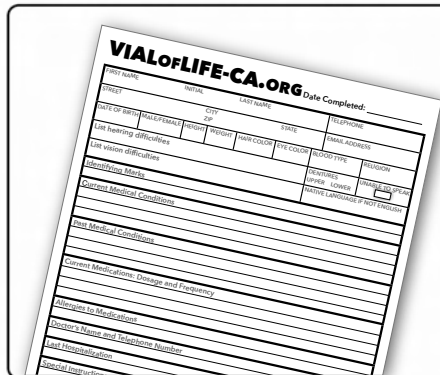


Vial of Life Project

A Public Charity

Distributed by **California Alliance of Retired Americans**
and **Community Living Campaign**



VIALOFLIFE-CA.ORG Date Completed: _____

PRINT NAME: _____ TITLE: _____ LAST PHONE: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

DATE OF BIRTH: _____ SEX: _____ RACE: _____ ETHNICITY: _____

HEARING DIFFICULTIES: _____ EYE COLOR: _____ HAIR COLOR: _____

VISION DIFFICULTIES: _____ BLOOD TYPE: _____

ALLERGIES: _____

CURRENT MEDICAL CONDITIONS: _____

PREVIOUS MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS, DOSAGE AND FREQUENCY: _____

ALLERGIC TO MEDICATIONS: _____

PHYSICIAN NAME AND TELEPHONE NUMBER: _____

LAST HOSPITALIZATION: _____

SPECIAL CARE: _____

1. Fill out the Vial of Life form

- Fill out the Vial of Life form located on reverse side. Answer all or any pertinent questions.
- Make blank copies of this form to keep information current or go to **VIALOFLIFE-CA.ORG** to print out or download a blank form.



2. Place sticker on front of a plastic baggie

- Place filled out Vial of Life form in the plastic baggie.
- You may also consider placing the following items in the baggie.
 - Copy of EKG
 - DNR (Do Not Resuscitate)
 - Living Will or equivalent
 - Recent picture of self



3. Place the baggie on your refrigerator door

- Securely tape plastic baggie to front of refrigerator door.
- Place plastic baggie at eye level so that anyone responding to a medical emergency can find complete medical information.



4. Place the second sticker on your front door

- Place the second sticker on the front door or window for easy visibility by anyone responding to a medical emergency.

FIRST NAME			INITIAL	LAST NAME			TELEPHONE				
STREET			CITY		STATE		EMAIL ADDRESS				
ZIP		DATE OF BIRTH			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							NATIVE LANGUAGE IF NOT ENGLISH				
Identifying Marks											
Current Medical Conditions											
Past Medical Conditions											
Current Medications: Dosage and Frequency											
Allergies to Medications											
Doctor's Name and Telephone Number											
Last Hospitalization											
Special Instructions such as health directives, etc...											
Health Insurance Policy											
Emergency Contact Notification - Name - Address - Phone - Relationship											
PLACE ON REFRIGERATOR DOOR - PLEASE PRINT CLEARLY											