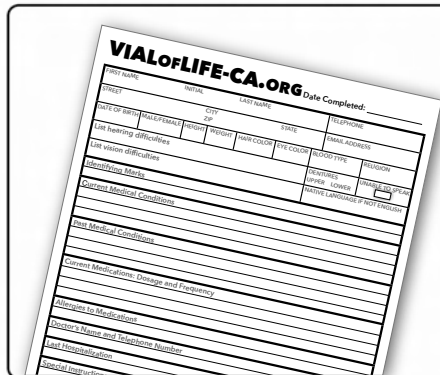


Vial of Life Project (生命急救提示計畫)

公共慈善

California Alliance of Retired Americans Community Living Campaign



VIALOFLIFE-CA.ORG Date Completed: _____

PRINT NAME: _____ TITLE: _____ LAST PHONE: _____

DATE OF BIRTH: _____ SEX: _____ CITY: _____ STATE: _____ ZIP CODE: _____

LAST KNOWN OCCUPATION: _____ SOCIAL ADDRESS: _____

HAIR COLOR: _____ EYE COLOR: _____ BLOOD TYPE: _____

RELIGION: _____

EDUCATION: _____

Current Medical Conditions: _____

Other Medical Conditions: _____

Current Medications, Dosage and Frequency: _____

Allergies to Medications: _____

Doctor's Name and Telephone Number: _____

Last Hospitalization: _____

Special Care Instructions: _____

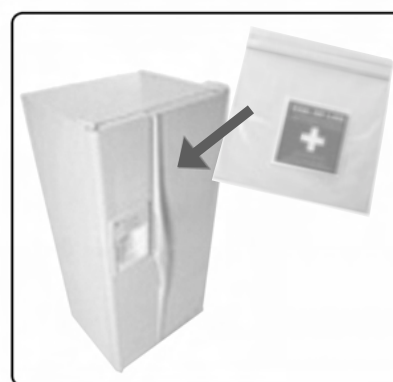
1. 填寫一份 Vial of Life 表格

- 請在 Vial of Life 的表格背面填寫所有你相關的問題
- 打印一張空白表格，以便更新你個人最新的資料。亦可到電腦網站 VIALOFLIFE-CA.ORG 下載表格，或打印一張空白表格。



2. 將 Vial of Life 貼紙放在塑膠袋

- 將填妥好的 Vial of Life 表格放在塑膠袋內
- 你也可以考慮放置以下的項目：
 - EKG-一份心電圖
 - DNR (不用急救證明文件)
 - 遺囑及相關的資料
 - 個人最近的照片



3. 將塑膠袋放在冰箱門

- 用膠布牢固封閉塑膠袋放在冰箱門
- 將塑膠袋放在當眼之處，
在緊急時醫護人員可以容易找尋到你個人資料。



4. 將第二張 Vial of Life 紙貼貼放在門前

- 將 Vial of Life 紙貼貼在門前或窗門當眼之處。在緊急時，任何人都可以知道如何應對醫療急救。

| | | | | | | | |
|--|----------------------|----------------|----------------|-------------------------|--|----------------------|--|
| FIRST NAME (名字) | | LAST NAME (姓氏) | | | | TELEPHONE (電話电话) | |
| STREET (地址) | | CITY (城市) | | ZIP(邮政编码) | | EMAIL ADDRESS (網上地址) | |
| DATE OF BIRTH (出生日期) | MALE/FEMALE (男/女) | HEIGHT (高度) | WEIGHT (重量) | HAIR COLOR (頭髮顏色) | EYE COLOR (眼睛顏色) | BLOOD TYPE (血型) | RELIGION (宗教) |
| List Hearing Difficulties (列名聽覺障礙) | | | | | DENTURES (假牙) UPPER (上) LOWER (下) | | UNABLE TO SPEAK <input type="checkbox"/> (不能說話) |
| List Vision Difficulties (列名視覺困難) | | | | | NATIVE LANGUAGE IF NOT ENGLISH 母語 (若不是英語) | | |
| Identifying Marks (身份證明) | | | | | | | |
| Current Medical Conditions (現在健康狀況) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Past Medical Conditions (過去健康狀況) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Current Medications: Dosage and Frequency (目前藥物, 劑量和用藥頻率) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Allergies to Medications (敏感藥) | | | | | | | |
| | | | | | | | |
| Doctor's Name (醫生姓名) | | | | Telephone Number (電話號碼) | | | |
| | | | | | | | |
| Last Hospitalization (最後入醫院治療) | | | | | | | |
| | | | | | | | |
| Special Instructions such as health directives, etc... (特別指令。例如;健康提示) | | | | | | | |
| | | | | | | | |
| Health Insurance Policy (健康保險制度) | | | | | | | |
| | | | | | | | |
| Emergency Contact Notification (緊急聯絡通知) | | | | | | | |
| Name (聯絡人姓名) - Address (地址) - Phone (電話號碼) - Relationship (關係) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PLACE ON REFRIGERATOR DOOR (放置在冰箱門) - PLEASE FILL OUT FORM IN ENGLISH (請用英文填寫表格) | | | | | | | |