How to Set Up Your VIAL OF LIFE Kit:

1. Fill Out the Vial of Life Form
   - Fill out the form located on reverse side. Answer all or any 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. Prepare Your Plastic Baggie
   - Place one Vial of Life decal on the front of a plastic baggie. Fold filled out form and place in the baggie.
   - You may also consider adding the following items: Copy of EKG, DNR (Do Not Resuscitate), Living Will or Equivalent, Recent Picture of Self.

3. Place Baggie on Fridge Door
   - Securely tape the plastic baggie to the front of your fridge. Place the baggie at eye level so that first responders can easily find your complete medical information.

4. Place the 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...

![Image of Vial of Life]

Save, Update and Print Your Medical Information Online at:

VIALOFLIFE.com
# Vial of Life

## Medical Information Form

**DATE COMPLETED:**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>INITIAL</th>
<th>LAST NAME</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOB</th>
<th>MALE/FEMALE</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>HAIR COLOR</th>
<th>EYE COLOR</th>
<th>BLOOD TYPE</th>
<th>RELIGION</th>
</tr>
</thead>
</table>

- List Hearing Difficulties
- List Vision Difficulties

<table>
<thead>
<tr>
<th>DENTURES</th>
<th>UNABLE TO SPEAK</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPPER</td>
<td>LOWER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIMARY LANGUAGE (IF NOT ENGLISH)</th>
</tr>
</thead>
</table>

### 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**

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