

DOUGLAS COUNTY HEALTH DEPARTMENT

VIAL OF LIFE

Please fill out this Medical Data Form and insert it into the plastic vial; then place vial on top right shelf of the refrigerator. If any information changes at any time, please make corrections.

Name, Address, Emergency phone and contact person, Doctor's name, Doctor's phone #, Date card completed, Telephone #, Date of Birth, Social Security #, Medicare #, Health Care Plan, Policy #, Religion, Clergy

HEALTH INFORMATION

Allergies to medications

Table with 4 columns: Medications, Name of medication, Dosage, How often and when taken, Where to locate. Rows 1-10.

Major illness and other past medical history

Blood type, Have you signed an organ donor card?, Do you have a Living Will?, Do you have a power of attorney for health care?, Do you have a Do Not Resuscitate Order from your Doctor?

PLEASE PLACE STICKER ON EXTERIOR OF THE FRONT DOOR SO THAT IT IS VISIBLE TO EMERGENCY PERSONNEL

Date completed, Date revised