VIAL OF LIFE
CRITICAL MEDICAL DATA
KEEP THIS INFORMATION UPDATED
Please Print All Information

Name: _____ Gender: **MF**

Address: _____

Date of Birth: _____ **Age**: ____ **Soc. Sec. #** _____

Identifying Marks: _____

MEDICATIONS

Medication:	**Dosage:**	**Frequency:**

ALLERGIES
Check all that apply

( ) Aspirin
( ) Barbiturate
( ) Codeine
( ) Demerol
( ) Horse Serum
( ) Insect Stings
( ) Latex
( ) Lidocaine
( ) Morphine
( ) Novocaine
( ) Penicillin
( ) Sulfa
( ) Tetracycline
( ) X-Ray Dyes
( ) **NO KNOWN ALLERGIES**
( ) Environmental: _____
( ) Other: _____

MEDICAL HISTORY

Check all that apply

( ) Abnormal EKG	( ) Hemolytic Anemia
( ) Adrenal Insufficiency	( ) Hepatitis – Type ( )
( ) Angina	( ) Hypertension
( ) Asthma	( ) Hypoglycemia
( ) Bleeding Disorder(s)	( ) Laryngectomy
( ) Cardiac Dysrhythmia	( ) Lymphomas
( ) Cataracts	( ) Memory Impairment
( ) Clotting Disorder	( ) Myasthenia Gravis
( ) Coronary Bypass Graft	( ) Pacemaker
( ) Dementia ( ) Alzheimer's ( )	( ) Renal Failure
( ) Diabetes / Insulin Dependent	( ) Seizure Disorder
( ) Eye Surgery	( ) Sickle Cell Anemia
( ) Glaucoma	( ) Stroke / Brain Attack
( ) Hearing Impaired	( ) Tuberculosis
( ) Heart Valve Prosthesis	( ) Vision Impaired
( ) Other:	**( ) No Known Medical Conditions**

OTHER MEDICAL DATA

This form last updated: Mo.____ Yr.____ **Blood Type: _____**

Primary Care Physician: _____ Phone: _____

Specialty Care Physician: _____ Phone: _____

Special Conditions /Remarks:

_____

_____

_____

Recent Surgery(s): _____ Date: _____

Recent Surgery(s): _____ Date: _____

INSURANCE INFORMATION

Primary Medical Insurance Co.:_____

Policy #: _____

Secondary Insurance Co.: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____

EMERGENCY CONTACTS

Name:_____ Phone: _____
Address: _____ Alt. Phone: _____
Relationship: _____

Name:_____ Phone: _____
Address: _____ Alt. Phone: _____
Relationship: _____

Name:_____ Phone: _____
Address: _____ Alt. Phone: _____
Relationship: _____

Note:

If you would like extra copies of this form, please contact Iron County Division of Emergency Management, 581 N. Main Street Suite 2; 435-865-5332 or visit https://www.ironcounty.net/department/emergency-management

IRON COUNTY
Emergency Management