



Petaluma Fire Department
 198 D Street
 Petaluma, CA 94952
 707-778-4390
 Fax 707-931-0668

VIAL OF LIFE

Date Completed _____

EMERGENCY MEDICAL INFORMATION FORM

FIRST NAME		INITIAL		LAST NAME			SOCIAL SECURITY NUMBER	
STREET			CITY		STATE	ZIP	TELEPHONE	
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:								
Doctors Name and Telephone Number:								
Preferred Hospital:								
Last Hospitalization:								
Special Instructions such as Health Care Directives/Do not resuscitate (please attach copy), etc...								
Health Insurance Policy:								
Emergency Contact Notification - Name -Address - Phone - Relationship								
PUT COMPLETED FORM IN PLASTIC BAGGIE AND TAPE TO REFRIGERATOR DOOR OR PLAGE WITH MEDICATIONS - PLEASE PRINT CLEARLY								