

EMERGENCY MEDICAL INFORMATION
Designed to Service the East Meadow, New York Area
VIAL OF LIFE

BASIC INFORMATION

First Name		MI	Last Name		Date of Birth / /		Social Security Num: - -	
Gender Male Female	Weight		Hearing Aid L R	Deaf L R	Blind L R	Artificial Eye L R	Glasses/Contacts Yes No	Blood Type
Pacemaker/Defibrillator Model Number			Home Phone: () -		Religion		Native Language (if not English)	

MEDICAL HISTORY

Identifying Marks:														
In the Past, Have You Been Treated For:														
TB	Y	N	Cancer	Y	N	Glaucoma	Y	N	Epilepsy	Y	N	Blood Pressure	Y	N
Anemia	Y	N	Diabetes	Y	N	Allergies	Y	N	Stroke	Y	N	Heart Condition	Y	N
Arthritis	Y	N	Asthma	Y	N	Hepatitis	Y	N	Other:					
Has Any Blood Relative Ever Had:														
TB	Y	N	Cancer	Y	N	Glaucoma	Y	N	Epilepsy	Y	N	Blood Pressure	Y	N
Anemia	Y	N	Diabetes	Y	N	Allergies	Y	N	Stroke	Y	N	Heart Condition	Y	N
Arthritis	Y	N	Asthma	Y	N	Hepatitis	Y	N	Other:					

CURRENT MEDICAL INFORMATION

Currently Being Treated For:					
Current Medication	Dosage	Frequency	Storage Location	Allergies to Medications	
				Primary Physician	Telephone Number
				() -	
				Secondary Physician	Telephone Number
				() -	
Living Will:			Organ Donor:		

EMERGENCY CONTACTS

Name	Relationship	Address, Apt	City, State	Zip	Phone
					() -
					() -

ADDITIONAL INFORMATION

You May Choose to List Any Other Additional and Pertinent Information on the Back of This Page