NASSAU COUNTY EXECUTIVE

ED MANGANO

VIAL OF LIFE
1-888-724-1200

Instructions: Use pencil to fill out one form for each person. Fold form and insert in plastic bag. Place on refrigerator door. **www.vialoflife.com**

Name: _____ Sex: ☐ M ☐ F

Address: _____

_____

Doctor: _____ Phone: _____

Native Language: _____

MEDICAL DATA as of: MO _____ YR: _____ Blood Type: _____

Communicable Disease: _____

MEDICAL CONDITIONS ✓ ALL THAT EXIST

- ☐ No known medical conditions
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ AIDS
- ☐ Alcohol Addiction
- ☐ Alzheimer's
- ☐ Angina
- ☐ Anxiety
- ☐ Asthma
- ☐ Behavior
- ☐ Bleeding Disorder
- ☐ Blind
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Congestive Heart Failure
- ☐ Clotting Disorder
- ☐ COPD
- ☐ Coronary Bypass Graft
- ☐ Deaf
- ☐ Dementia
- ☐ Depression
- ☐ Diabetes/Insulin Dependent
- ☐ Diabetes/Non-Insulin
- ☐ Drug Addiction
- ☐ Epilepsy/Seizures
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hard of Hearing
- ☐ Heart Valve Prosthesis
- ☐ Hemodialysis
- ☐ Hypertension
- ☐ Internal Defibrillator
- ☐ Irregular Heart Rhythm
- ☐ Kidney Failure
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lung Disease/Emphysema
- ☐ Lymphomas
- ☐ Malignant Hypothermia
- ☐ Memory Impaired
- ☐ Mental Illness
- ☐ Mental Retardation
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Previous Heart Attack
  Date: _____
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tobacco Use
- ☐ Vision Impaired
- ☐ Other: _____

ALLERGIES

- ☐ No Known Allergies
- ☐ Aspirin
- ☐ Barbiturites
- ☐ Codeine
- ☐ Demerol
- ☐ _____
- ☐ _____
- ☐ Environmental
- ☐ Horse Serum
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocain
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Ray Dyes
- ☐ Other:
  _____
  _____

MEDICAL CONDITIONS ✓ ALL THAT EXIST

Medical Problems	Medication	Dosage	Frequency

Recent Surgery: Date:

Immunization:	Date:	
Flu Shot		
Pneumonia Shot		

EMERGENCY CONTACTS

Name:

Address:

Relationship: Phone:

Name:

Address:

Relationship: Phone:

Medical Ins. Co.: Policy #:

Other Medical Ins. Co.: Policy #:

Medicaid #: Medicare #:

Date of Birth: Religion:

Special Conditions/Remarks:

Health Care Proxy on file at:

Living Will on file at:

Vile of Life Program

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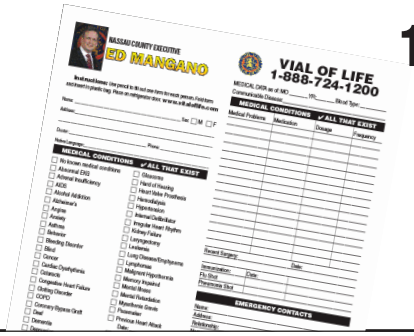
VIAL OF LIFE PROJECT

Sponsored by American Senior Safety Agency 888-473-2800



1. Fill out the Vial of Life Form

2. Place Vial of Life Form in plastic baggie.

3. Place the baggie on your refrigerator door

4. Place decal on your front door