Torrance Fire Department

VIAL OF LIFE

PERSON 1

Today's Date _____

Name _____ Address _____

Doctor _____ Phone _____ Hospital _____

Hospital Address _____ Phone _____

Language Spoken in Home _____ Sex _____ Age _____ Height _____ Weight _____

MEDICAL INFORMATION

Heart Trouble? Yes❑ No❑

Diabetic? Yes❑ No❑

History of Stroke? Yes❑ No❑

Normal Pulse Rate _____

Blood Pressure _____/_____

Medications Taken: **Dosage:**

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

Ailments _____

Allergies _____

Recent or Previous Major Surgery: (give dates)

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Place an X in the box if it applies:

- ❑ Speech Problem
- ❑ Contact Lenses
- ❑ Dentures
- ❑ High Blood Pressure
- ❑ Use Wheelchair
- ❑ Mute
- ❑ Eye Glasses
- ❑ Partial Plate
- ❑ Pregnant
- ❑ Hard of Hearing: ❑ Left ❑ Right
- ❑ Blind
- ❑ Intraocular Lens
- ❑ Heart Pacemaker
- ❑ Confined to Bed
- ❑ Dialysis: ❑ In Home ❑ In Hospital
- ❑ Deaf
- ❑ Hearing Aid
- ❑ Kidney
- ❑ Use Walker

Wear Artificial:	**L**	**R**
❑ Arm	❑	❑
❑ Leg	❑	❑
❑ Glass Eye	❑	❑
❑ Ear	❑	❑
❑ Nose		
❑ Other		

Anything Special We Should Know About Your Health:

_____

_____

_____

_____

In Emergency Notify:

Name _____ Relationship _____

Address _____ Phone _____

INSTRUCTIONS

1. Fill out the above information completely. Ask your doctor to help you if necessary.
2. Cut along the dotted line—fold the top half of this form lengthwise, roll it up and place it in the plastic vial.
3. Keep this vial containing your medical information in your refrigerator. Attach it to a shelf with the rubber band provided, so it will not get lost.
4. Place the "Vial of Life" sticker on the door of your refrigerator. Fire Fighters, paramedics and Emergency Medical Technicians will see it and look inside the refrigerator for the vial containing your personal medical information.