MEDICAL CONTACTS
Doctor/Phone
Doctor/Phone
Pharmacy/Phone
List Special Conditions
Any Surgery within the last 5 Years
My most recent EKG is available ( ) YES ( ) NO It is located at:

CURRENT MEDICATIONS

- ❑ **NO** Medications
- ❑ List all prescriptions, over the counter, vitamins, and supplements

Condition	Medication	Dosage	Times per day

ADVANCE DIRECTIVES
My ***Living Will*** is on file at:
My ***Health Care Surrogate*** is:
I have an EMS-NO CPR Directive or DNR (DO NOT resuscitate form) ( ) YES ( ) NO It is located at:

My Medical Info

Why do it?

Medical personnel can make the best decisions regarding emergency treatment when they know a person's medical conditions, medications, or medical allergies. This can mean the difference between life and death in the **"Golden Hour"** immediately following a medical emergency.

1. Photograph

Place a clear, recent photo of just the participant into the pocket so emergency personnel can instantly identify the individual.

2. Medical Form

Fill out this medical form. Keep all your information up to date.

3. Place on Refrigerator

Place the completed form in the pocket. Place the pocket on your refrigerator or at work.

EMA
PUBLIC SAFETY, PUBLIC TRUST

COURTESY OF:

Lake County LEPC
Lake County Emergency Ops Center
8505 Garfield Rd
Mentor, Ohio 44060
Phone: 440-350-5499
Fax: 440-953-5397
E-mail: LEPC@lakecountyohio.gov

Vial of Life and Yellow Dot Medical Information
KEEP YOUR INFORMATION CURRENT
Download new forms at StoreSMART.com/Life

Name

Address

City/State/Zip

( ) M ( ) F Date of Birth Blood Type

Date Form was Updated:

EMERGENCY CONTACTS

Name Relation

Address

City/State/Zip

Phone: Work Cell

Name Relation

Address

City/State/Zip

Phone: Work Cell

Name

Address

City/State/Zip

Phone: Work Cell

MEDICAL INSURANCE ( ) NONE

#1 Medical Ins. Co. / Policy #

#2 Medical Ins. Co. / Policy #

❑ Medicare #

❑ Other

MEDICAL CONDITIONS: ***Check all that exist***

❑ **NO MEDICAL CONDITIONS KNOWN**

- ❑ Abnormal EKG
- ❑ Adrenal Insufficiency
- ❑ Angina
- ❑ Asthma
- ❑ Bleeding Disorder
- ❑ Cancer: Type_____
- ❑ Cardiac Dysrhythmia
- ❑ Cataracts
- ❑ Clotting Disorder
- ❑ Coronary Bypass Graft
- ❑ COPD/Emphysema
- ❑ Dementia/Alzheimer's
- ❑ Diabetes/Insulin Dependent
- ❑ Eye Surgery
- ❑ Fractures
- ❑ Glaucoma
- ❑ Heart Attack: Date_____
- ❑ Hearing Impaired
- ❑ Heart Valve Prosthesis
- ❑ Hemolytic Anemia
- ❑ Hepatitis
- ❑ High Blood Pressure
- ❑ HIV/AIDS
- ❑ Hypertension
- ❑ Hypoglycemia
- ❑ Internal Defibrillator
- ❑ Kidney Problems
- ❑ Laryngectomy
- ❑ Leukemia
- ❑ Lymphomas
- ❑ Malignant Hyperthermia
- ❑ Memory Impaired
- ❑ Myasthenia Gravis
- ❑ Pacemaker
- ❑ Renal Failure
- ❑ Seizure Disorder
- ❑ Sickle Cell Anemia
- ❑ Stroke
- ❑ Vision Impaired

Other:

CONDITIONS & ALLERGIES: ***Check all that apply:***

❑ Contact Lenses ❑ Pacemaker ❑ Dentures

❑ Pregnant: Date Due_____

❑ **NO KNOWN ALLERGIES**

- ❑ **LATEX**
- ❑ Aspirin
- ❑ Barbiturates
- ❑ Codeine
- ❑ Demerol
- ❑ Environmental
- ❑ Horse Serum
- ❑ Insect Stings
- ❑ Lidocaine
- ❑ Morphine
- ❑ Novocaine
- ❑ Penicillin
- ❑ Sulfa
- ❑ Tetracycline
- ❑ Tetanus
- ❑ X-ray Dyes
- ❑ Xylocaine

Other: