



Glenpool Fire Department



Vial of Life

Medical Information Form

DATE COMPLETED:

FIRST NAME		INITIAL		LAST NAME		SSN	
STREET		CITY		STATE		ZIP	
DOB	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						PRIMARY LANGUAGE (IF NOT ENGLISH)	
Identifying Marks							
Current Medical Conditions							
Past Medical Conditions							
Current Medications: Dosage & Frequency							
Allergies to Medications							
Doctor's Name & Phone Number							
Last Hospitalization							
Special Instructions (Such as Health Directives, Etc..)							
Health Insurance Policy							
Emergency Contact - Name, Address, Phone Number, & Relationship							
PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK TO STORE IN YOUR REFRIGERATOR							