

## Eagle Mountain Fire and EMS Vial of Life Information Form

\_\_\_\_\_

Last Name                      First Name                      Middle                      Date of Birth                      Sex

\_\_\_\_\_

Home Address                      City                      Zip Code                      Home Phone

\_\_\_\_\_

SSN # (for obtaining insurance info)                      Medicare #                      Other Insurance Provider (if applicable)

\_\_\_\_\_ ft \_\_\_\_\_ in \_\_\_\_\_

Eye Color                      Hair Color                      Height                      Weight                      Identifying marks

Heart Problems	___ Yes	___ No	Pacemaker	___ Yes	___ No
High Blood Pressure	___ Yes	___ No	Diabetes	___ Yes	___ No
Respiratory Problems	___ Yes	___ No	Dentures	___ Yes	___ No
Hearing Aids / Problems	___ Yes	___ No	Glasses/Contacts	___ Yes	___ No
Living Will or DNR	___ Yes	___ No	Blood Type (if known)	_____	

Medical History:

\_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_

\_\_\_\_\_

Any Other Pertinent Medical History (recent surgeries, etc.)

\_\_\_\_\_

**PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING, INCLUDING OVER THE COUNTER. INCLUDE DOSAGE AND REASON FOR TAKING THEM.**

Medication Name	Dose	Purpose	Medication Name	Dose	Purpose
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Care Physician                      Physician's Phone Number                      Preferred Hospital

**IN CASE OF EMERGENCY, PLEASE NOTIFY:** (Please list in order of importance)

1. \_\_\_\_\_  
Name                      Phone Number                      Relationship
2. \_\_\_\_\_  
Name                      Phone Number                      Relationship

To print a new Information Form please go to [www.eaglemountainfire.org](http://www.eaglemountainfire.org) or contact Eagle Mountain Fire Department at (817) 236-8044

# Eagle Mountain Fire/EMS



## Vial Of Life

### Instructions

Step 1: Fill out EMFD Vial of Life Form

Step 2: Fold form with above logo visible

Step 3: Place form in zip lock type bag with logo visible to outside of bag

Step 4: Place zip lock type bag and form in freezer door

Step 5: Place the EMFD Vial of Life Decal on the front (or primary entrance) door at eye level so it can be easily seen by EMFD personnel.

If you need additional forms, you may download them from [eaglemountainfire.org](http://eaglemountainfire.org) or visit the fire station at 9500 Live Oak Lane.

(We love getting visitors!)

817-236-8044

[www.eaglemountainfire.org](http://www.eaglemountainfire.org)

[www.facebook.com/emfd21](http://www.facebook.com/emfd21)

[www.twitter.com/EMVFD](http://www.twitter.com/EMVFD)