

VIAL OF LIFE
Medical Health Form
PLEASE PRINT CLEARLY

Name: _____

Address: _____

City _____ State _____ Zip _____

Date of Birth: _____

Soc. Sec. # _____

Home Phone: _____

Work Phone: _____

EMERGENCY CONTACT:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Pager: _____

ALTERNATIVE EMERGENCY CONTACT:

Name: _____

Home Phone: _____

Work Phone: _____

Cell: _____

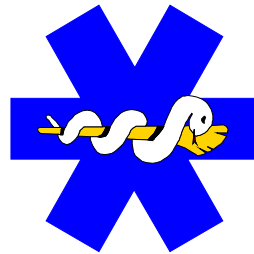
Pager: _____

Religious Preference: _____

Ministerial Contact: _____

In case of more than one person of same sex, please list any marks or descriptors (moles, tatoos, scars, birthmark) that can be seen easily.

**VIAL
OF
LIFE**



Vial of Life
Medical Health Form

Please fill out this form and verify the information with your doctor. Place the forms in the plastic vial and put them on the **TOP SHELF OF YOUR REFRIGERATOR DOOR**. (For vehicle use, put a Vial of Life in your auto glovebox and affix a decal to a window). *Most importantly, be sure to keep your medical information current.*

A public service
of
Walmart, Sam's Club
&
Kerr Drugs
and

Lexington County
Sheriff's Department
Public Safety
Fire Service
EMS

Roll this end first to display
VIAL OF LIFE
on the outside of the bottle.

