



North Lyon County Fire Protection District

195 East Main Street

Fernley, Nevada 89408

District Office (775) 575-3310 District Fax (775) 575-3314

www.northlyonfire.com

**DIAL 9-1-1
FOR ALL
EMERGENCIES**

Date Completed: _____

VIAL OF LIFE

EMERGENCY MEDICAL INFORMATION

FIRST NAME		INITIAL	LAST NAME			SOCIAL SECURITY NUMBER	
STREET			CITY	STATE	ZIP	TELEPHONE	
DATE OF BIRTH	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION
IF PACEMAKER, MODEL #		DEFIBRILATOR, MODEL #		HEARING AID	DEAF	DENTURES	UNABLE TO SPEAK
				L R	L R	UPPER LOWER	
VISION	GLASSES	CONTACTS		BLIND	ARTIFICIAL EYE	NATIVE LANGUAGE IF NOT ENGLISH	
				L R	L R		
IDENTIFYING MARKS							
CIRCLE CONDITIONS YOU HAVE BEEN TREATED FOR IN THE PAST							
AIDS		BLOOD PRESSURE		EPILEPSY		HEART CONDITION	
TUBERCULOSIS ANEMIA		CANCER		GLAUCOMA		JAUNDICE	
ARTHRITIS		DIABETES		HAY FEVER		SINUS	
ASTHMA		INSULIN Y / N		HEPATITIS		STROKE	
OTHER:							
CURRENTLY BEING TREATED FOR?							
CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED				CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED			
NAME OF DOCTOR		TELEPHONE NUMBER		NAME OF DOCTOR		TELEPHONE NUMBER	
NAME OF DOCTOR		TELEPHONE NUMBER		NAME OF DOCTOR		TELEPHONE NUMBER	
ALLERGIES TO MEDICATIONS							
LAST HOSPITALIZATION							
HOSPITAL	LOCATION		YEAR		PATIENT #		
LIVING WILL				ORGAN DONOR			
REFER TO:				REFER TO:			
MEDICAL COVERAGE							
MEDICARE # _____				MEDICAID # _____			
OTHER:				POLICY #			
IN CASE OF EMERGENCY - NOTIFY				RELATIONSHIP			
STREET ADDRESS		APT	CITY	STATE	ZIP	PHONE	