

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. Refrigerator or Glove Box

Place the completed form in the pocket. Place the **Vial of Life**: Place the pocket in your fridge. **Yellow Dot**: Place the pocket in your vehicle's glove box.

To download this form, or for more information about **Vial of Life** and **Yellow Dot** supplies, contact **StoreSMART**.
Web: StoreSMART.com/life
Phone: 800-424-1011 or 985-424-5300
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Store SMART

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 _____
Home Work _____
Cell _____
Relation _____
Cell _____
Zip _____
Cell _____
Cell _____
Cell _____

RACE () NONE

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
- Gout
- Hemolytic Anemia
- Hepatitis
- High Blood Pressure
- HIV/AIDS
- Hypertension
- Hypoglycemia
- Internal Defibrillator
- Kidney Problems
- Laryngectomy
- Leukemia
- Lymphomas
- Malignat Hyperthermia
- Memory Impaired
- Myasthenia Gravis
- Myocardial Infarction
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Vision Impaired

CONDITIONS & ALLERGIES

- Contact Lenses
- Pregnant: Date Due _____
- Pacemaker
- NO KNOWN ALLERGIES
- LATEX
- Aspirin
- Barbiturats
- Codeine
- Demerol
- Environment
- Horse Serum
- Insect Stings
- Sulfas
- Tetracycline

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is on:

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