"VIAL OF LIFE"

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Vital Link
Medical Alert Systems
Est. 1981

6529 Telegraph Ave.
Oakland, CA 94609
1-800-752-5522

DATE FORM COMPLETED: _____

NAME: _____

ADDRESS: _____

PHONE: _____ DOCTOR: _____ PHONE: _____

HOSPITAL/ADDRESS: _____ ID#: _____

AGE: ____ BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

AGE: ____ BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

SEX: ❑ M ❑ F RACE: _____ IDENTIFYING MARKS: _____

Medical Information

HEART TROUBLE? ❑ YES ❑ NO

DIABETIC? ❑ YES ❑ NO

NORMAL PULSE RATE: _____

BLOOD PRESSURE: _____

BLOOD TYPE: _____

	MEDICATION TAKEN:	DOSAGE:		MEDICATION TAKEN:	DOSAGE:
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

AILMENTS: _____

_____

_____

ALLERGIES: _____

_____

IN EMERGENCY NOTIFY NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

IN EMERGENCY NOTIFY NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____