



COSUMNES COMMUNITY SERVICES DISTRICT

**FIRE DEPARTMENT**

8820 Elk Grove Blvd. Elk Grove, CA 95624

(916) 405-7100

[CosumnesCSD.gov/Fire](http://CosumnesCSD.gov/Fire)

## Vial of Life Medical Information Form

### Personal Information:

<u>Name</u> (First, Last)						
<u>Medicare or Medi-Cal #</u>						
<u>Phone Number</u>						
<u>Address</u> Street City, State, Zip						
<u>Date of Birth (DOB)</u>	<u>Gender</u>	<u>Height</u>	<u>Weight</u>	<u>Hair Color</u>	<u>Eye Color</u>	<u>Blood Type</u>
<u>Primary Language</u>						
<u>Are there any pets in the home?</u> If YES, please provide number and description.						

### Medical History:

<u>Health Insurance Information</u>	Insurance Company & Policy Number
<u>Physician Contact Info</u>	Name, Phone Number, Email Address
<u>Advanced Directive or POLST?</u> <u>Also enclosed?</u>	Yes, No Yes, No
<u>Preferred Hospital</u>	



<b>Current Conditions</b>	
<b>Past Conditions</b>	
<b>Medications</b>	
<b>Allergies</b>	

**Emergency Contact Information:**

<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>
Name:	Name:
Phone Number:	Phone Number:
Relationship:	Relationship:
<b>Faith or Religious Community Contact</b>	
Name:	
Phone Number:	Minister/Priest/Rabbi/Imam/OTHER

**Additional Comments:**