

ATTN: MEDIC

VITAL HEALTH PACKET

Please make sure that all the information required in the booklet is filled out appropriately. Remember to make updates as necessary.

The Vital Health Information Packet should be placed on the door or side of the refrigerator (use a magnet or tape) for easy access in the event paramedics need your health information.

Step 1: Completely fill out your Vital Health Packet –

- **Medic Alert:** List any information a paramedic needs to know immediately (example: Diabetic, drug allergy).
- **Health Care Directive:** Most hospitals and doctors strongly recommend that you have a health care directive. Your local hospital, your doctor, and the person you have designated as your power of attorney for health care should have a copy.
- **Allergies:** List all medicines and/or substances (example: latex, tape) you are allergic to.
- **Medication:** Use pencil as medications do change. List all **prescribed medications** as written on the label. Also list any **over the counter medications or herbal supplements** you take. Use a separate piece of paper if necessary and fold it up to keep with your booklet.

Step 2: Put your Vital Health Packet in the plastic bag provided, or in a larger one, if necessary. Consider including other important documents such as: Do Not Resuscitate, Living Will, etc. Make sure **RED** Vital Health Packet cover is facing out so first responders can see it easily.

Step 3: Secure your Vital Health Packet to your refrigerator at eye level with tape or a magnet.

For more information:

**El Dorado County Health & Human Services Agency
Emergency Preparedness & Response
530-621-7581
www.edcgov.us/preparedness**

Medical History

My current medical conditions are:

Circle all that apply:

I use a cane or walker? Y N

I need help bathing? Y N

I have a care provider? Y N

I have trouble speaking? Y N

I have dentures? Y N

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Medications

Please list all medications you currently take, dosage amount, Rx date and how often you take the medication:

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Hearing & Vision

Describe any hearing or vision impairments

Vaccination History

Influenza: Y N

Date: _____

Pnuemococcal: Y N

Date: _____

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Allergies

I am allergic to the following Medications:

Other substances:

Other Conditions:

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 Cell Phone: _____

 Work Telephone: _____

 Home Telephone: _____

 Relationship: _____

 Name: _____

Emergency Contact

Do you have an updated Health Care Directive? Y N
 If yes, where is it located? (Paramedics will need to see your copy)

Health Care Directive

 Health Insurance
 Primary Physician: _____
 Primary Hospital: _____
 Additional Information: _____

 Health Insurance Information: _____

 Blood Type: _____

 DOB: _____ Male Female

 Name: _____

Personal Information

This Packet is provided by:

El Dorado County Health & Human Services Agency

Emergency Preparedness & Response

530-621-7581

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NAME:

MEDICAL ALERT:

Emergency

9-1-1