



Bedford Fire Department
 Vial of Life Pocket
 Patient Information – Please Print
 Confidential Document

MEDICAL CONDITIONS *Check all that exist*

No known medical condition	Glaucoma
Adrenal insufficiency	Heart Attack
Anemia	Heart Valve Prosthesis
Arthritis	Hepatitis
Asthma	HIV
Bleeding/Clotting Disorder	Hypertension
Cancer/Leukemia/lymphoma	Hypoglycemia
CHF	Osteoporosis
COPD/Emphysema	Pacemaker/AID (defibrillator)
Coronary Bypass Graft	Parkinson's
Dementia	Renal Failure
Diabetes	Seizure Disorder
Dialysis	Stroke
GERD or Reflux Disease	
Surgeries-Please List	Implants-Please List (Pacemaker, Mediports, etc):

ALLERGIES

Latex	
Others:	

VACCINATIONS

Pneumonia Date:	
Flu Date:	
Tetanus Date:	

Please “Letter Fold” and place a copy of this document in the rear pocket of the Vial of Life Pocket. Keep the original in a safe place for your records. Place a recent picture of yourself in the front clear pocket. Remember to review and update every time you see your doctor.

**If you have any questions, please feel free to call us: 817-952-2500
 Monday – Friday, 8 AM to 5 PM
 Thank you, your Bedford Firefighters.**