

Medical Conditions

Prescription Medications:

Recent Surgeries: *(Include procedure date)*

Other Medical Conditions:

Signature

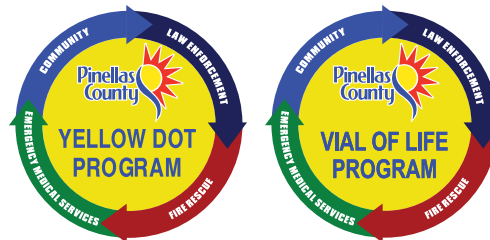
Signature

Date

Legal Disclosure:

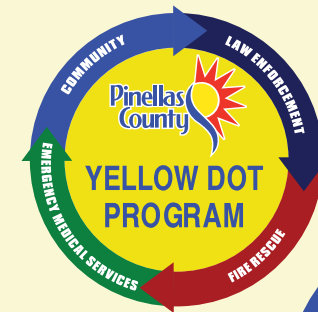
The personal and medical information you have provided in this Yellow Dot/Vial of Life packet is strictly voluntary. The medical information you have voluntarily provided in this Yellow Dot/Vial of Life packet is confidential in nature. By completing and signing this packet, you voluntarily consent and agree to the disclosure of your personal and medical information only to authorized personnel of law enforcement and public safety agencies, emergency medical services agencies, and hospitals, and to the use by such personnel of your personal and medical information solely for the purposes of positively identifying you, determining whether you have a medical condition that might impede your communication, and ensuring that your current medications and preexisting medical conditions are considered when rendering you treatment, in accordance with section 316.0271, Florida Statutes.

Neither Pinellas County, nor any of its employees or agents, shall incur any liability for their reliance on the information you provide or fail to provide in this packet. By voluntarily participating in Pinellas County's Yellow Dot Program and/or Vial of Life program, you hereby, to the full extent allowed under applicable law, release, acquit, and forever discharge Pinellas County, the Board of County Commissioners of Pinellas County, the Pinellas County EMS Authority, current and former officials, employees, and other agents of Pinellas County, from any and all actions, causes of action, claims, demands, lawsuits, damages, costs, expenses, and compensation, which are now known, or may hereafter become known, on account of, or arising out of, any injury, condition, matter, or thing which happens, develops, or occurs as a result of your voluntary participation in Pinellas County's Yellow Dot program or Vial of Life Program, or your inclusion or exclusion of personal or medical information in this packet.

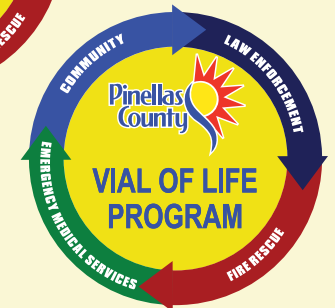


EMERGENCY MEDICAL INFORMATION INSIDE

Let Yellow Dot & Vial of Life speak when you can't.



in your car



in your home



For more information visit:
PinellasCounty.org/YellowDot

Pinellas County's Yellow Dot and Vial of Life Programs

Pinellas County's Yellow Dot and Vial of Life programs give you a voice when you are seriously injured or impaired and can't speak for yourself. Simply complete this form and place one copy in your car's glove compartment and one in a plastic bag on your refrigerator. Then put the Yellow Dot sticker on the driver's side rear window of your car and the Vial of Life sticker on your home's front door to tell first responders that your health care information is inside.

This information you provide will help first responders:

- **Identify who you are**
- **Determine if you have a pre-existing medical condition that may inhibit you from communicating**
- **Ensure that your current medications and pre-existing medical conditions are considered during decisions made about your treatment.**

The information you provide will only be used to help first responders and medical personnel make decisions about your treatment. Making this information available could help save your life.

Personal Information



Name as it appears on your driver's license:

Birth Year: _____ Sex: M F

Physician's Name:

Physician's Phone:

Emergency Contact Name:

Emergency Contact Phone:

Medical Information, as of (date):

Medical Conditions

Asthma/COPD

Cancer of:

Chronic pain of:

Dementia/Alzheimer's

Diabetes

Heart Disease

High Blood Pressure

Impaired Hearing/Vision

Parkinson's Disease

Pacemaker/Defibrillator

Other Respiratory Issues:

Allergies:

(Medical conditions continued on back)