

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY!

1. Fill in all the blanks with correct information.
2. Use a **RED** pen for **ALL ALLERGY INFORMATION**.
3. Put the questionnaire in the amber container.
4. **For the home**, place the amber container on top shelf of refrigerator door.

- For the car**, place the amber container in the glove compartment.
5. Put the **STAR OF LIFE** decal on your front door or car windshield.
 6. Take the **EMiFile** bottle to the Emergency Room.
 7. You must **ALWAYS** be sure that all of the information in the questionnaire is **UP-TO-DATE** and **READABLE** for it to provide the best possible protection at a time of emergency.

THE PERSONAL EMiFile OF:

NAME _____ SEX M F
(Nombre) (Sexo)

ADDRESS _____
(Direccion)

CITY/STATE/ZIP _____
(Ciudad/Estado/Código Postal)

HOME PHONE _____ WORK PHONE _____
(Teléfono Hogar) (Teléfono Trabajo)

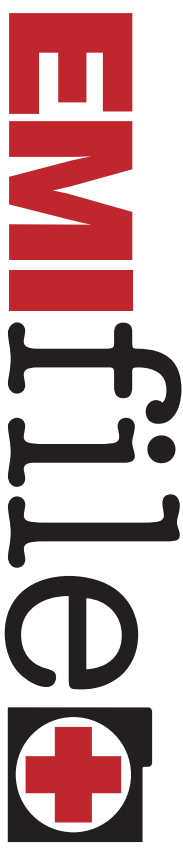
BIRTH DATE ____/____/____ BLOOD TYPE _____ USUAL BLOOD PRESSURE ____/____
(Fecha de Nacimiento) (Grupo Sanguíneo) (Presión Arterial Usual)

DOCTOR _____ PHONE _____
(Teléfono)

PREFERRED HOSPITAL _____
(Hospital Preferido)

MEDICAL INSURANCE _____
(Seguro Médico)

LIVING WILL/DNR? YES NO LOCATION _____
(Testamento en Vida/DNR) (Si) (Locación)



EMERGENCY CONTACT _____
(Contacto de Emergencia)

PHONE(S) _____
(Teléfono[s])

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(Contacto de Emergencia)

PHONE(S) _____
(Teléfono[s])

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PHONE(S) _____
(Teléfono[s])



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