CST LifePac™

Even more peace of mind from the Independence, Health and Safety people

TODAY'S DATE _____

# 888-55-SIGNAL

**FIRST NAME** | Initial | Last Name | Social Security Number

Street | City | State, Zip | Telephone

Date of Birth | Male/Female | Height | Weight | Hair Color | Eye Color | Blood Type | Religion

List Hearing Difficulties: | List Vision Difficulties:

Dentures : Upper or Lower | Native Language | Are You Unable to Speak? **YES OR NO**

Identifying Marks:

Current Medical Conditions:

Past Medical Conditions:

Last Hospitalization:

Current Medications (include dosage and frequency):

Allergies to Medication:

Doctors Name and Telephone Number:

Special Instructions or Health Directives:

Health Insurance Policy:

**In Case of an Emergency, Please Notify:** (include name, address, phone and relationship):

**PLACE ON REFRIGERATOR DOOR**

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