

**QURAARADDA  
NOLOSHA**  
(VIAL OF LIFE)



Macluumaad iyo Caawimaad

**1-800-339-4661**

La cusbooneysiiday

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Magaca \_\_\_\_\_  
(Name)

Indhoole  
(Blind)

Dhagoole  
(Deaf)

Cudurka Dhimir Beelidda ama La Xariirra Waallida  
(Alzheimer's Disease or Related Dementia)

Cinwaanka \_\_\_\_\_ Magaalada \_\_\_\_\_ Sumadda Degaanka \_\_\_\_\_  
(Address) (City) (Zip code)

Lambarka Telefoonka \_\_\_\_\_ Lab  Dheddig  Taariikhda Dhalashada \_\_\_\_\_  
(Phone #) (Male) (Female) (Date of Birth)

Lambarka Dammaanada Bulshada (afarta lambar ee ugu dambeysa) \_\_\_\_\_  
(Social Security Number (last four digits))

Lambarka Medicare (afarta lambar ee ugu dambeysa) \_\_\_\_\_  
(Medicare Number (last four digits))

Caymis Kale \_\_\_\_\_ Lambarka Siyaasadda \_\_\_\_\_  
(Other Insurance) (Policy Number)

Ma leedahay Dardaranka Horumarsan ee Daryeelka Caafimaadka? \_\_\_\_\_ Haa  Maya   
(Do you have an Advance Health Care Directive?) (Yes) (No)

Haddii ay haa tahay, goobta \_\_\_\_\_ Wakiilka \_\_\_\_\_ Lambarka Telefoonka \_\_\_\_\_  
(If yes, location) (Agent) (Phone)

Ma leedahay "Amarka Ha I Soo-Naaxinin" \_\_\_\_\_ Haa  Maya   
(Do you have a "Do Not Resuscitate Order?") (Yes) (No)

Ka diiwaangashan Booliska "Guriga I Gey"? \_\_\_\_\_ Haa  Maya   
(Registered with Sheriff's "Take Me Home?") (Yes) (No)

**Xiriirrada Xaaladda Degdegga ah (EMERGENCY CONTACTS)**

Magaca \_\_\_\_\_ Cilaaqaadka \_\_\_\_\_ Lambarka Telefoonka iyo E-mail-ka \_\_\_\_\_  
(Name) (Relationship) (Phone #, E-mail)

Magaca \_\_\_\_\_ Cilaaqaadka \_\_\_\_\_ Lambarka Telefoonka iyo E-mail-ka \_\_\_\_\_  
(Name) (Relationship) (Phone #, E-mail)

Daryeelaha \_\_\_\_\_ Lambarka Telefoonka iyo E-mail-ka \_\_\_\_\_  
(Caregiver) (Phone #)

Wadaad Diineed \_\_\_\_\_ Lambarka Telefoonka iyo E-mail-ka \_\_\_\_\_  
(Clergy) (Phone #)

**Macluumaadka Xayawaanka Rabbaayadda ah** Magaca iyo Nooca \_\_\_\_\_  
(PET'S INFORMATION) (Name & Type)

Dhakhtarka Xoolaha \_\_\_\_\_ Lambarka Telefoonka \_\_\_\_\_  
(Veterinarian) (Phone #)

**Macluumaad Caafimaad**  
(MEDICAL INFORMATION)

Dhakhtarka Aasaasiga ah \_\_\_\_\_ Lambarka Telefoonka \_\_\_\_\_  
(Primary Doctor) (Phone #)

Dhakhtarka Labaad \_\_\_\_\_ Lambarka Telefoonka \_\_\_\_\_  
(Secondary Doctor) (Phone #)

Cusbitaalka \_\_\_\_\_ Lambarka Telefoonka \_\_\_\_\_  
(Hospital) (Phone #)

Dhererka \_\_\_\_\_ Culayska \_\_\_\_\_ Lambarka Telefoonka \_\_\_\_\_  
(Height) (Weight) (Blood Type)

Caddaadiska Dhiigga ee Caadiga ah \_\_\_\_\_  
(Normal Blood Pressure)

Xasaasiyadaha daawooyinka ama cuntooyinka \_\_\_\_\_  
(Allergies to drugs or foods)

Fadlan qor liiska xaalado caafimaad kasta ee ku habboon (tusaale ahaan: cudurrada wadnaha, sonkorowga, dhiig-kar, faaliga) \_\_\_\_\_  
(Please list any medical conditions that apply, for example: cardiac, diabetes, hypertension, stroke)

**Qalliinno** (nooca iyo taariikhda)  
(Surgeries (type and date))

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**Miyaad?**

(Do you?)

Xirataa ilkaha la gashado? Haa  Maya   
(Wear dentures?) (Yes) (No)

Xirataa xuub-arageed? Haa  Maya   
(Wear contacts?) (Yes) (No)

Xirataa kaabayaasha maqalka? Haa  Maya   
(Wear hearing aids?) (Yes) (No)

Xirataa muraayado ama ookiyaalo? Haa  Maya   
(Wear glasses?) (Yes) (No)

Adeegsataa Oksijiin? Haa  Maya   
(Use Oxygen?) (Yes) (No)

Adeegsataa gaariga naafada? Haa  Maya   
(Wheelchair?) (Yes) (No)

**Macluumaadka Kale Xaaladaha Degdega ah ee Muhiimaka ah**

(Other Important Emergency Information)

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**Tallaalo**

(Immunizations)

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**Halkeed dhigataa daawooyinkaaga?**

(Where do you keep your medications?)

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**Daawooyin** (MEDICATIONS)

(Daawooyinka lagu qoro, Daawooyinka Farmashiyaha La Isaga Soo libsado Rijeeto La'aan, Faytamiinno, Daawooyinka Dhirta ah)

(Prescription, Over-the-counter Drugs, Vitamins, Herbal Supplements)

| Magaca<br>(Name) | Inta Jeer ee La Qaato Qiyaasta<br>(Dose-Freq) | Ujeeddo<br>(Purpose) |
|------------------|---|----------------------|
| Magaca<br>(Name) | Inta Jeer ee La Qaato Qiyaasta<br>(Dose-Freq) | Ujeeddo<br>(Purpose) |
| Magaca<br>(Name) | Inta Jeer ee La Qaato Qiyaasta<br>(Dose-Freq) | Ujeeddo<br>(Purpose) |
| Magaca<br>(Name) | Inta Jeer ee La Qaato Qiyaasta<br>(Dose-Freq) | Ujeeddo<br>(Purpose) |
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| Magaca<br>(Name) | Inta Jeer ee La Qaato Qiyaasta<br>(Dose-Freq) | Ujeeddo<br>(Purpose) |

**Fadlan macluumaadka oo dhan u qor hab fudud oo ay akhrin karaan hawlwaadeennada caafimaadka xaaladaha degdegga ah.**

(Please record all information in a manner easy to read by emergency medical personnel.)