



EMPLOYEE EMERGENCY INFORMATION RECORD

Changes indicated below.

No changes to this form.

Name: _____

EMP Number: _____

Preferred Name: _____

Home Address: _____

Work Location: _____

Phone No. (home): _____

Phone No. (work): _____

Phone No. (cell): _____

IMMEDIATE SUPERVISOR

Name _____

Location _____

Phone No. _____

PHYSICIAN

Physician's Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

EMERGENCY NOTIFICATION(S)

List information below regarding persons whom you wish to be notified in the event of injury, illness, or emergency.

A. _____
Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Cell Phone No. _____ Home Phone No. _____ Work Phone No. _____

B. _____
Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Cell Phone No. _____ Home Phone No. _____ Work Phone No. _____

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. The human resources and/or safety officer in your agency can help you identify and inform these persons of your first aid requirements. Medical information is confidential. It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

Employee Signature

Date

IMPORTANT – THIS INFORMATION SHOULD BE STORED IN THE EMPLOYEE'S PERSONNEL FILE. SUPERVISOR OR EMPLOYEES WHO WORK IN THE FIELD SHOULD HAVE IMMEDIATE ACCESS TO THIS INFORMATION.

(TO BE COMPLETED BY EVERY EMPLOYEE AND KEPT CURRENT)