UNIVERSITY OF HAWAI'I
CHANGES OR CORRECTIONS OF
PERSONAL DATA

EMERGENCY CONTACT INFORMATION
(FOR INTERNAL USE ONLY)

Employee's   First Name _____   Last Name _____   UH ID# _____

Campus _____   Dept/Program _____

Contact Telephone Number _____   Contact Telephone Number _____

CHANGE IN EMERGENCY CONTACT

Primary Contact(s):   Name _____   Relationship _____

Contact Telephone Number _____   Contact Telephone Number _____

Alternate (optional):   Name _____   Relationship _____

Contact Telephone Number _____   Contact Telephone Number _____

HEALTH INFORMATION (Voluntary)

Hospital Preference (may not apply in medical emergency) _____

Information to share with emergency personnel (e.g., allergic reaction to certain medication, allergies etc) and/or personal emergency kit (e.g., epipen for allergic reactions in top desk drawer):

_____
_____
_____
_____
_____
_____

I have voluntarily provided the above information and authorize the release of health information to emergency personnel. I also understand any of my emergency contacts may be notified in the event of an emergency.

Employee's Signature _____   Date _____

UH Form 33A (OHR) rev. 4/2015