

**CLALLAM COUNTY**  
**EMERGENCY RESPONDER IDENTIFICATION CARD**  
 (red = required information)

PERSONAL:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Organization \_\_\_\_\_ ID # \_\_\_\_\_ Status \_\_\_\_\_  
 Rank \_\_\_\_\_ Date of Hire \_\_\_\_\_  
 DOB \_\_\_\_\_ DL# \_\_\_\_\_ Status \_\_\_\_\_ Expires \_\_\_\_\_  
 Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Mobile \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

VITAL STATISTICS:

Male \_\_\_ Female \_\_\_

Emergency Contact:

Name \_\_\_\_\_  
 Phone \_\_\_\_\_

PHYSICAL CHARACTERISTICS:

Hair Color \_\_\_\_\_  
 Eye Color \_\_\_\_\_  
 Height (in inches) \_\_\_\_\_  
 Weight (in pounds) \_\_\_\_\_

MEDICAL INFORMATION: If desired, you may list medical conditions, along with other information you would like on file (physician's name/contact, allergies, medications, etc.). This is optional and would be viewed only by authorized personnel in a critical situation. Any such access is automatically recorded and, if medical information is accessed, you will be notified.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

QUALIFICATIONS: Enter description code(s) from attached list.


APPROVED BY: \_\_\_\_\_