



Oregon Military Department

Employee Information and Emergency Contact Record

Document #12-001-002

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Cell/Alternate Phone: () _____

Alternate

E-mail Address: _____

Job Information

Title: _____ Employee ID: **OR** _____

Work Location: _____ Work Phone: () _____ **ext.**

Primary

Work E-mail

Address: _____ Work Cell: () _____

Supervisor: _____ Department: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Medical Information

Physician's Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Medical Office: _____ Medical ID Number: _____

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. AGP 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 UPDATED **ANNUALLY** AND STORED IN THE EMPLOYEE'S PERSONNEL FILE. SUPERVISORS OF EMPLOYEES WHO WORK IN THE FIELD SHOULD HAVE IMMEDIATE ACCESS TO THIS INFORMATION. (See AGP Policy 99.100.05)