

Employee Emergency Information Record



Name _____ Date _____
 Agency Employment Department EIN (OR #) _____
 Work Location _____ Phone # (work) _____
 Phone # (home or cell) _____

<p>IMMEDIATE SUPERVISOR</p> <p>Name _____</p> <p>Location _____</p> <p>Phone # _____</p>	<p>EMERGENCY NOTIFICATION(S)</p> <p>List information below regarding persons whom you wish to be notified in event of injury, illness, or emergency</p>
<p>PHYSICIAN</p> <p>_____ Physician's Name</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Phone #</p>	<p>A. _____</p> <p>Name _____</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Phone # Day Phone # Night</p> <p>B. _____</p> <p>Name _____</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Phone # Day Phone # Night</p>

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. The personnel 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. SUPERVISORS OF EMPLOYEES WHO WORK IN THE FIELD SHOULD HAVE IMMEDIATE ACCESS TO THIS INFORMATION.

(TO BE COMPLETED BY EVERY EMPLOYEE AND KEPT CURRENT)