



## Emergency Medical Form

**Note:** Completion of this form is **not required**. The information on this form has been requested for the sole purpose of addressing potential health or safety issues that could arise during an emergency. The ESC will keep this form in a separate and confidential file and will only share the information with others when permitted under state and federal law.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employee's Primary Contact Number (Home or Cell Phone): \_\_\_\_\_

Secondary Contact Number if applicable: \_\_\_\_\_

Position and Work Location: \_\_\_\_\_

**Contact In Case of Emergency:**

	Name	Relationship	Phone
1.			
2.			
3.			

**Medical Personnel and Facilities:**

	Name	Phone
1.	Physician	
2.	Dentist	
3.	Hospital	

**Other information that may be relevant in case of emergency:**

Known Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other considerations medical personnel should be aware of: \_\_\_\_\_

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.