



Information gathered herein is intended to be maintained in electronic format for the purpose of identification, credentialing, permitted access to computerized door locks and secure means of obtaining critical patient information by EMS in the event of emergency. Personnel may choose to withhold any information below the "OPTIONAL" line.

<p>PLEASE WRITE CLEARLY</p> <p>Name: _____</p> <p>Today's Date: _____ Date of Birth: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: ____ Zip: _____</p>	<p>INCLUDE AREA CODE</p> <p>Work Phone: _____</p> <p>Home Phone: _____</p> <p>Alternate Phone: _____</p> <p>Email Address: _____</p>
<p>Work Department/ Agency Name: _____</p>	<p>Title/ Job Position: _____</p>
<p>Employee ID# _____</p>	<p>Disaster Ready Team Member? Y/ N</p>
<p>Credentials (Licenses, Certifications) Include expiration dates:</p> <p>_____</p> <p>_____</p>	
<p>** ALL ITEMS APPEARING BELOW THIS LINE ARE OPTIONAL **</p> <p>THIS INFO WILL BE KEPT ON YOUR CARD TO BE SCANNED FOR EMERGENCIES</p>	
<p>Emergency Contact Name: _____ Relationship: _____ Phone: _____</p>	
<p>Blood Type: _____ Organ Donor: Y/ N Allergies: _____</p> <p>Significant Medical History: _____</p> <p>Other Medical Information: _____</p> <p>Personal Physician Name: _____ Phone: _____</p> <p>Medical Insurance Provider & Number: _____</p>	
<p>I certify the information above is true and correct and understand that it is my responsibility to ensure its accuracy both now and in the future.</p>	
<p>Personnel Signature: _____</p>	<p>Date: _____</p>
<p>I certify the information above is accurate and true to the best of my knowledge, and authorize issuance of an Onslow County ID badge to this individual.</p>	
<p>Authorizing Officer Signature: _____</p>	<p>Date: _____</p>