

*ID# (First & Last Initial, Last Four # of SS #) _____ *Date Completed _____

*Primary Department (affiliation) _____

*Last Name _____ First Name _____

*DOB _____

Position: (circle one) FF FF/EMT FF/Paramedic FF/EMR Fire Police Jr Member
EMT Paramedic Driver

Municipality: EMA Coordinator Supervisor Deputy EMA Assistant EMA Employee

Initial Date of Employment or Volunteer _____

Address _____

Home Phone # _____ Cell Phone # _____

Emergency Contact Person _____

Emergency Contact Phone Number _____

Allergies:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Medications:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Normal Blood Pressure _____ Resting Heart Rate _____ Blood Type _____

Gender: Male ___ Female ___ Organ Donor Yes ___ No ___

Medical History (key information, optional)

I HEREBY AUTHORIZE THE DEPARTMENT OF EMERGENCY SERVICES AND OTHER NECESSARY MEDICAL PERSONNEL TO VIEW MY MEDICAL INFORMATION.

SIGNED BY: _____

DATE: _____

Certifications are broken down into disciplines. The certifications you check must be state or nationally certified and you must be able to show a certificate to verify upon request.

Fire & EMS

- | | |
|--|--|
| <input type="checkbox"/> Advanced Cardiac Life Support | <input type="checkbox"/> Ice Rescue |
| <input type="checkbox"/> Arson Investigator | <input type="checkbox"/> Int'l Trauma Life Support |
| <input type="checkbox"/> Basic Trauma Life Support | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Bus Rescue | <input type="checkbox"/> Public Information Officer |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Radiological Officer |
| <input type="checkbox"/> EMT B | <input type="checkbox"/> Rapid Intervention Team Rescue |
| <input type="checkbox"/> Emergency Medical Responder | <input type="checkbox"/> Rescue Diver |
| <input type="checkbox"/> Farm Rescue | <input type="checkbox"/> Rope Rescue |
| <input type="checkbox"/> Fire Investigator | <input type="checkbox"/> Safety Officer |
| <input type="checkbox"/> Fire Officer 1 2 3 4 | <input type="checkbox"/> Swift Water Rescue |
| <input type="checkbox"/> Firefighter 1 2 3 | <input type="checkbox"/> Trench Rescue |
| <input type="checkbox"/> Fire Police | <input type="checkbox"/> Vehicle Rescue Basic |
| <input type="checkbox"/> First Responder | <input type="checkbox"/> Vehicle Rescue Technician |
| <input type="checkbox"/> Hazmat Awareness | <input type="checkbox"/> Water Rescue |
| <input type="checkbox"/> Hazmat Operations | <input type="checkbox"/> Intro to Incident Cmd (IS 100) |
| <input type="checkbox"/> Hazmat Safety Officer | <input type="checkbox"/> Ext Incident Command (IS 200) |
| <input type="checkbox"/> Hazmat Specialist | <input type="checkbox"/> Enhanced Unified Cmd (IS 300) |
| <input type="checkbox"/> Hazmat Technician | <input type="checkbox"/> Intro to MAC (IS 400) |
| <input type="checkbox"/> Hazmat Officer | <input type="checkbox"/> National Incident Mgt (IS 700) |
| <input type="checkbox"/> High Angle Rescue | <input type="checkbox"/> National Response Plan (IS 800) |

Emergency Management

- | | |
|--|---|
| <input type="checkbox"/> County Elected Official | <input type="checkbox"/> County EMA/Staff |
| <input type="checkbox"/> Borough Elected Official | <input type="checkbox"/> Local EMA/Staff |
| <input type="checkbox"/> Township Elected Official | <input type="checkbox"/> L.E.P.C. |
| <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> C.E.R.T. | <input type="checkbox"/> Red Cross Disaster Team |
| <input type="checkbox"/> Dispatcher | <input type="checkbox"/> RACES (Amateur Radio Club) |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |