Franklin County Fire-Trax Accountability System   Fire/EMS/Municipality Form

ID# will be pre-populated by the computer program   Date Completed _____

Department Affiliation _____

First Name _____   Last Name _____

DOB _____

FD/EMS Position: FF   FF/EMT   FF/Paramedic   FF/EMR   Fire Police   Jr. Member

EMT   Paramedic   Driver

Municipality: EMA Coordinator   Supervisor   Deputy EMA   Assistant EMA   Employee

Initial Hire Date (Paid or Volunteer) _____

Emergency Contact Name _____

Emergency Contact Address _____

Emergency Contact

Primary Phone # _____   Secondary Phone # _____

Allergies:

1. _____   2. _____   3. _____

4. _____   5. _____   6. _____

Medical History

    1. Diabetic

    2. Breathing problems

    3. Heart related conditions

    4. Hypertension

FIRE/EMS/MUNICIPAL DEPARTMENT WILL KEEP A COPY FOR THEIR RECORDS.

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

SIGNED BY: DATE: