

CLALLAM COUNTY
EMERGENCY RESPONDER IDENTIFICATION CARD
 (red = required information)

PERSONAL:

Last Name _____ First Name _____ MI _____
 Organization _____ ID # _____ Status _____
 Rank _____ Date of Hire _____
 DOB _____ DL# _____ Status _____ Expires _____
 Email _____
 Street Address _____ Phone _____
 City _____ State _____ Mobile _____
 Zip _____ Country _____
 EMAIL: _____

VITAL STATISTICS:

Male ___ Female ___

Emergency Contact:

Name _____
 Phone _____

PHYSICAL CHARACTERISTICS:

Hair Color _____
 Eye Color _____
 Height (in inches) _____
 Weight (in pounds) _____

MEDICAL INFORMATION: If desired, you may list medical conditions, along with other information you would like on file (physician's name/contact, allergies, medications, etc.). This is optional and would be viewed only by authorized personnel in a critical situation. Any such access is automatically recorded and, if medical information is accessed, you will be notified.

QUALIFICATIONS: Enter description code(s) from attached list.

APPROVED BY: _____