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EMPLOYEE EMERGENCY CARD

Employee _____ Employee ID _____ Dept / location _____

Mobile _____ Date of birth _____ Blood type (optional) _____

Emergency contacts

Name	Relationship	Phone	Alternate phone

Physician / clinic _____ Physician phone _____

Allergies / conditions you want responders to know _____

Medications (optional) _____

Medical information is voluntary. This card is kept in a sealed envelope in the personnel file and at the first-aid station and is opened only in an emergency.

Employee signature _____ Date _____

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