EMERGENCY STAFF MEDICAL INFORMATON - CONFIDENTIAL

Occupational Health & Safety
2805 Kingsway, Vancouver, BC V5R 5H9
Tel: 604.451.5511 Fax: 604.451.5651 Web: www.bc-cfa.org

To enable appropriate healthcare in the event of an emergency or medical incident occurring during the workday, please provide the following information. This will be updated on an annual basis, kept confidential and used only for the purpose stated. Please list only information that you feel to be relevant. Your participation is requested but not mandatory

Section 1 – Employee Information (PLEASE PRINT LEGIBLY)

First Name	Middle Initial	Last Name	DOB (DD/MMM/YYY)

Address	Phone Number

Doctor's Name	Doctor's Phone Number	PHN

Section 2 – Medical History (please check all that apply)

☐ Angina Do you carry nitro-glycerine? ☐ Yes ☐ No

If yes, where is it kept?

☐ Asthma Severity ? ☐ Mild ☐ Moderate ☐ Severe

Treatment

☐ Heart Attack or Heart Condition

Description of last incident

☐ Diabetes Do you keep insulin at work? ☐ Yes ☐ No

If yes, where is it kept?

☐ Allergies Describe what you are allergic to, the reaction, the severity and the treatment

Other medical conditions emergency personnel should know about

In the event of unconsciousness the following information would be useful to emergency personnel

Do you wear

☐ Contacts	☐ soft	☐ gas permeable	
☐ Hearing Aids	☐ left	☐ right	☐ both
☐ Dentures/Partials	☐ upper	☐ lower	☐ both

I hereby give my consent to release of the above medical information for medical treatment in an emergency

Signature _____ Date (DD/MMM/YYYY) _____

☐ **PERSONNEL FILE**
☐ **EMERGENCY BOX AT RECEPTION**

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