



# Oregon Military Department

## Employee Information and Emergency Contact Record

Document #12-001-002

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell/Alternate Phone: ( ) \_\_\_\_\_

**Alternate**

E-mail Address: \_\_\_\_\_

### Job Information

Title: \_\_\_\_\_ Employee ID: **OR** \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ **ext.**

**Primary**

Work E-mail

Address: \_\_\_\_\_ Work Cell: ( ) \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Medical Information

Physician's Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Medical Office: \_\_\_\_\_ Medical ID Number: \_\_\_\_\_

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. AGP can help you identify and inform these persons of your first aid requirements. Medical information is confidential. It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**IMPORTANT** – THIS INFORMATION SHOULD BE UPDATED **ANNUALLY** AND STORED IN THE EMPLOYEE'S PERSONNEL FILE. SUPERVISORS OF EMPLOYEES WHO WORK IN THE FIELD SHOULD HAVE IMMEDIATE ACCESS TO THIS INFORMATION. (See AGP Policy 99.100.05)