

Employee Emergency Information	
Employee Name	
Date of Birth	
Weight	
Height	
Eyes	
Blood Type	
Allergies	
Health Insurance Company	
Health Insurance Group #	
Health Insurance ID #	
Health Insurance Address	
Health Insurance Phone Number	
Hospital of choice	
Clinic	
Doctor 1	
Doctor 2	
Employee Name	
Emergency Contact Person	
Relationship to Employee	
Phone 1	
Phone 2	
Address	
Backup Emergency Contact Person	
Relationship to Employee	
Phone 1	
Phone 2	
Address	
Medication 1*	
Medication 2*	
Medication 3*	
Past Medical Conditions*	
Current Medical Conditions*	

\* Optional information: Employees may want to keep this information private.

Employee \_\_\_\_\_

Date \_\_\_\_\_