

Vantage Career Center Staff Emergency Medical Form

Name: _____ Date of Birth: _____
Position Title: _____ SSN: _____
Address: _____ Telephone: _____
_____ Cell/Work: _____

In Case if Emergency Notify:

Contact #1:

Name: _____ Telephone: _____
Relationship: _____ Cell/Work: _____

Contact #2:

Name: _____ Telephone: _____
Relationship: _____ Cell/Work: _____

Contact #3:

Name: _____ Telephone: _____
Relationship: _____ Cell/Work: _____

Medical Information:

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Preferred Hospital: _____

Allergies: _____

Medication Information: _____

Additional Information: _____
