



FEMA US&R RESPONSE SYSTEM RESPONDER INFORMATION SHEET



DATE OF INFORMATION: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS (please print clearly): _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ PAGER PHONE: _____

EMPLOYER or DEPARTMENT, STATION, SHIFT: _____

HEIGHT AND WEIGHT: _____

RELIGION: _____

EXACT PASSPORT NAME: _____

PASSPORT NUMBER: _____

EXPIRATION DATE: _____

DATE OF ISSUE: _____

PLACE OF ISSUE: _____

DATE AND CITY & STATE OF BIRTH: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

WORK PHONE NUMBER: _____

EMERGENCY RESPONSE QUALIFICATIONS

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> TASK FORCE LEADER | <input type="checkbox"/> STRUCTURES SPECIALIST | <input type="checkbox"/> MANAGEMENT |
| <input type="checkbox"/> SEARCH TEAM MANAGER | <input type="checkbox"/> HAZMAT SPECIALIST | <input type="checkbox"/> OPERATIONS |
| <input type="checkbox"/> RESCUE TEAM MANAGER | <input type="checkbox"/> HEAVY RIGGING & EQUIPMENT SPCL. | <input type="checkbox"/> AVIATION |
| <input type="checkbox"/> MEDICAL TEAM MANAGER | <input type="checkbox"/> TECHNICAL INFORMATION SPECIALIST | <input type="checkbox"/> PLANNING |
| <input type="checkbox"/> TECHNICAL TEAM MANAGER | <input type="checkbox"/> COMMUNICATIONS SPECIALIST | <input type="checkbox"/> SAFETY |
| <input type="checkbox"/> CANINE SEARCH SPECIALIST | <input type="checkbox"/> LOGISTICS SPECIALIST | <input type="checkbox"/> FISCAL |
| <input type="checkbox"/> TECHNICAL SEARCH SPECIALIST | <input type="checkbox"/> PARAMEDIC | <input type="checkbox"/> ELECTRONICS |
| <input type="checkbox"/> RESCUE SQUAD OFFICER | <input type="checkbox"/> NURSE | <input type="checkbox"/> CARPENTRY |
| <input type="checkbox"/> RESCUE SPECIALIST | <input type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN | <input type="checkbox"/> METAL WORK |
| <input type="checkbox"/> MEDICAL SPECIALIST | <input type="checkbox"/> INFORMATION MANAGEMENT | <input type="checkbox"/> PLUMBING |

OTHER TECHNICAL EXPERTISE/VOCATIONAL SKILLS: _____

LANGUAGES: _____

PERSONAL PHYSICIAN: _____

TELEPHONE NUMBER: _____

PRESENT MEDICAL CONDITION(S): _____

MEDICAL/SURGICAL HISTORY: _____

MEDICATIONS: _____

ALLERGIES/MEDICINAL REACTIONS: _____

BLOOD TYPE: _____

BASIC IMMUNIZATIONS:

YES

DATE

DOMESTIC RESPONSE:

TETANUS/DIPHTHERIA (dT)
HEPATITIS "B"
HEPATITIS "A"
MEASLES/MUMPS/RUBELLA
POLIO (OPV)
INFLUENZA

INTERNATIONAL RESPONSE:

YELLOW FEVER
TYPHOID
MENINGITIS
OTHER _____
OTHER _____

SEARCH FUNCTION INFORMATION:

NAME OF CANINE: _____

AGE: _____ WEIGHT: _____

BREED/MARKING: _____

SPONSORING ORGANIZATION: _____

DATE QUALIFIED: _____ LOCATION: _____

QUALIFYING OFFICIAL: _____

MEDICAL HISTORY: _____

IMMUNIZATIONS

YES

DATE

RABIES
DISTEMPER
HEPATITIS
LEPTOSPIROSES
PARVO
HEART WORM
BORDETELLA

