



Roseville Fire Department  
401 Oak Street  
Roseville, Ca 95678  
916.774.5800  
fax 916.774.5810

Date Completed \_\_\_\_\_

FIRST NAME		INITIAL	LAST NAME			SOCIAL SECURITY NUMBER	
STREET			CITY	STATE	ZIP	TELEPHONE	
DATE OF BIRTH	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION
List hearing difficulties					DENTURES UPPER LOWER		UNABLE TO SPEAK <input type="checkbox"/>
List vision difficulties					NATIVE LANGUAGE IF NOT ENGLISH		
Identifying Marks							
Current Medical Conditions							
Past Medical Conditions							
Current Medications: Dosage and Frequency							
Allergies to Medications							
Doctors Name and Telephone Number							
Last Hospitalization							
Special Instructions such as health directives, etc...							
Health Insurance Policy							
Emergency Contact Notification - Name - Address - Phone - Relationship							

PUT COMPLETED FORM IN VIAL AND PLACE IN TOP SHELF OF FREEZER - PLEASE PRINT CLEARLY