Form 1400-71(296)
(June 1988)

U S DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Date of the card

PERSONAL EMERGENCY INFORMATION CARD

Employee Name *(last, first, middle initial)*	Home Address *(include zip code)*	Home Phone*

NOTIFY IN CASE OF EMERGENCY

NAME	RELATION	ADDRESS (include zip code)	PHONE*
1.			
2.			
3.			

FAMILY DOCTOR(S)

NAME	ADDRESS (include zip code)	OFFICE PHONE*
1.		
2.		
3.		

**Include area code*

Are you covered under a health benefit plan? ☐ Yes ☐ No If yes, name of the plan:

Enrollment code:	Hospital preference:
Blood type:	Allergies:

Handicap(s):

Medication(s) you are required to take daily:

Medical Alert Conditions which should be known in an emergency:

Special Instructions:

NOTICE

This information is being collected pursuant to Title 5 U.S.C. Section 7901, which provides for the establishment of procedures to deal with emergency situations The information in this record card will be used only in an emergency to speed the provision of medical care and/or to notify a relative(s) or other person(s) specified of an accident or injuiry. This record card will not be used for any other purposes. The disclosure of this information is strictly voluntary and there will not be any adverse effects on your employment status if you do not complete this record card.