

**EMERGENCY DATA FORM** (Type or Print Neatly)**PERSONAL DATA / HOME OF RECORD**

Rank: Name (Last, First MI):  
 Address:  
 City: State: ZIP:  
 Cell Number: DOB:  
 MOS: Gender: Course:  
 E-mail (Best way to Contact):  
 Billet Information: Bldg # Room #

**UNIT INFORMATION**

Name / Address:  
 City: State: ZIP:  
 Number: Supervisors E-mail:

**STATUS**

ACTIVE ARNG-AGR ARNG-M-Day USAR Other:  
 (Select one)

***EMERGENCY NOTIFICATION INFORMATION***

Name: Relation:  
 Area Code + Number:

***MEDICAL / SPECIAL INFORMATION***

Any Allergies? (What kind (Food, Medication, etc...) & Type Reaction (Fever, Swelling, Rash, etc...); N/A if none)

Special Dietary Needs: (i.e. Vegetarian, Diabetic, etc....); N/A if none

Treating Physician:

Area Code + Number:

Medication Taken Regularly:

Any injuries That May Inhibit Your Performance:

Any health Problems That May Inhibit Your Performance:

Blood Type:

PULSES:

Any Heat or Cold Weather Injuries? Yes No

If so, what kind? (Heat, Cold, Both; N/A if none)

Are You On A Profile? Yes No

If so, what kind? (Permanent or Temporary)

(Females Only) Are You Pregnant? Yes No

**MODE OF TRAVEL**

POV AIR BUS

Air or Bus (Return Date & Time / Carrier):

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE