

Vital Information Program

www.burnabyfirefighters.com

Your Name: _____

Phone Number: _____

Birth Date (mo/day/year): _____ Sex (M/F): _____

Care Card #: _____ Social Insurance #: _____

IN CASE OF EMERGENCY NOTIFY:

#1 CONTACT Name: _____ **#2 CONTACT** Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

PLEASE LIST ALL MEDICATIONS AND ALLERGIES BELOW:

Medications: _____ Allergies: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT MEDICAL HISTORY:

Please identify chronic illness, recent surgery or other important medical history: _____

Doctor's Name: _____ Phone Number: _____

Call 911 Fire • Police • Ambulance

VITAL INFORMATION PROGRAM SPONSORS: City of Burnaby, Lougheed Town Centre, Burnaby NewsLeader, Burnaby Fire Department, Lifelabs, Burnaby Firefighters Charitable Society

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