10.PHOTO ACCOUNTABILITY ID *Note: Photos to be taken on light or white background, from mid-chest up; .jpg or bitmap format*

Picture No.:_____   **Fire Department/Agency Name:** _____

ID Tag Color: **[   ]** **RED – Interior Firefighter**

                                     [   ] **GREEN – Non-Interior Firefighter**

Last Name:_____   Date of Birth:_____

First Name: _____   Height: _____

Middle: _____   Weight:_____

PID#: _____   Eye Color: _____

Rank: _____   Hair Color: _____

EMS Qualifications: (ie: ADV First Aid, CFR, EMT, AEMT, etc.)_____Exp. Date_____

▪▪

Home Address: _____

City:_____ State:_____ Zip Code:_____

Driver License #:_____ State: _____ Expiration:_____

Home Phone #: (___)_____   Cell #:(_____)_____ E-Mail:_____

▪▪

<u>EMERGENCY CONTACT / MEDIC INFORMATION</u>

Contact Name: _____ Contact Phone:(_____)_____

Physician Name:_____ Physician Phone:(____)_____

Allergies: _____

Medical Conditions: (ie: diabetes, allergic to bee stings, asthma, etc.)_____

Medications:_____

Base Line Vitals : _____Blood Type:_____

+++

I authorize release of my information for official Fire Department use only and acknowledge that this form will be kept on file at my Fire Department / Agency.

_____   _____

Signature   *Date*