

Voluntary CONFIDENTIAL Survey

This page MUST be kept on the jobsite in a LOCKED location. It MUST also be destroyed upon job completion.

Do not copy or send this form to the home office.

Emergency Personal Information

Employee Name _____

Do you wear Contact Lenses? ☐ Y ☐ N

Do you currently take Prescription Drugs? ☐ Y ☐ N
If Yes, which one(s)?

Are you allergic to any drugs? ☐ Y ☐ N
If Yes, which one(s)?

If you require medical attention, are there
any medical conditions that emergency
personnel should be made aware of? ☐ Y ☐ N
If Yes, which one(s)?

Personal Physician:

Dr. _____ Phone #: _____

Address: _____

In the event of emergency notify:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Refuse to Complete: _____ Date: _____
(Signed by Employee or Supervisor)