



# FEMA US&R RESPONSE SYSTEM RESPONDER INFORMATION SHEET



DATE OF INFORMATION: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

E-MAIL ADDRESS (please print clearly): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ PAGER PHONE: \_\_\_\_\_

EMPLOYER or DEPARTMENT, STATION, SHIFT: \_\_\_\_\_

HEIGHT AND WEIGHT: \_\_\_\_\_

RELIGION: \_\_\_\_\_

EXACT PASSPORT NAME: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_

PLACE OF ISSUE: \_\_\_\_\_

DATE AND CITY & STATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

## EMERGENCY RESPONSE QUALIFICATIONS

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> TASK FORCE LEADER           | <input type="checkbox"/> STRUCTURES SPECIALIST            | <input type="checkbox"/> MANAGEMENT  |
| <input type="checkbox"/> SEARCH TEAM MANAGER         | <input type="checkbox"/> HAZMAT SPECIALIST                | <input type="checkbox"/> OPERATIONS  |
| <input type="checkbox"/> RESCUE TEAM MANAGER         | <input type="checkbox"/> HEAVY RIGGING & EQUIPMENT SPCL.  | <input type="checkbox"/> AVIATION    |
| <input type="checkbox"/> MEDICAL TEAM MANAGER        | <input type="checkbox"/> TECHNICAL INFORMATION SPECIALIST | <input type="checkbox"/> PLANNING    |
| <input type="checkbox"/> TECHNICAL TEAM MANAGER      | <input type="checkbox"/> COMMUNICATIONS SPECIALIST        | <input type="checkbox"/> SAFETY      |
| <input type="checkbox"/> CANINE SEARCH SPECIALIST    | <input type="checkbox"/> LOGISTICS SPECIALIST             | <input type="checkbox"/> FISCAL      |
| <input type="checkbox"/> TECHNICAL SEARCH SPECIALIST | <input type="checkbox"/> PARAMEDIC                        | <input type="checkbox"/> ELECTRONICS |
| <input type="checkbox"/> RESCUE SQUAD OFFICER        | <input type="checkbox"/> NURSE                            | <input type="checkbox"/> CARPENTRY   |
| <input type="checkbox"/> RESCUE SPECIALIST           | <input type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN     | <input type="checkbox"/> METAL WORK  |
| <input type="checkbox"/> MEDICAL SPECIALIST          | <input type="checkbox"/> INFORMATION MANAGEMENT           | <input type="checkbox"/> PLUMBING    |

OTHER TECHNICAL EXPERTISE/VOCATIONAL SKILLS: \_\_\_\_\_

LANGUAGES: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PRESENT MEDICAL CONDITION(S): \_\_\_\_\_

MEDICAL/SURGICAL HISTORY: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES/MEDICINAL REACTIONS: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_

**BASIC IMMUNIZATIONS:**

**YES**

**DATE**

**DOMESTIC RESPONSE:**

TETANUS/DIPHTHERIA (dT)  
HEPATITIS "B"  
HEPATITIS "A"  
MEASLES/MUMPS/RUBELLA  
POLIO (OPV)  
INFLUENZA

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**INTERNATIONAL RESPONSE:**

YELLOW FEVER  
TYPHOID  
MENINGITIS  
OTHER \_\_\_\_\_  
OTHER \_\_\_\_\_

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**SEARCH FUNCTION INFORMATION:**

NAME OF CANINE: \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BREED/MARKING: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

DATE QUALIFIED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

QUALIFYING OFFICIAL: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

**IMMUNIZATIONS**

**YES**

**DATE**

RABIES  
DISTEMPER  
HEPATITIS  
LEPTOSPIROSES  
PARVO  
HEART WORM  
BORDETELLA

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