HOUSTON COUNTY PERSONAL DATA SHEET

NAME: _____ SEX: ☐ Male ☐ Female

RACE: ☐ White ☐ Black or African American

☐ Hispanic or Latino ☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

☐ Two or More Races

ADDRESS: _____ SOCIAL SECURITY NUMBER: _____

_____ BIRTHDATE: _____

_____ MARITAL STATUS: _____

HOME PHONE NUMBER: _____ CITIZENSHIP: _____

PERSONAL PHYSICIAN: _____ PHONE NUMBER: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

_____

RELATIONSHIP: _____

EMPLOYMENT DATE: _____ JOB TITLE: _____

DEPARTMENT: _____

List any medical condition(s) or prescription(s) used regularly which could be noted in emergency situations: _____

_____

_____

List any physical disabilities: _____

_____

_____

_____ _____

Signature **Date**