

APPENDIX A

Siskiyou County Public Health Voluntary Registration Request For Medically Fragile Individuals Emergency Response

I consent to have the below information given to Siskiyou County Public Health Department for the creation and maintenance of a crisis/emergency database. This information will only be used in the event of a crisis or disaster for location and evacuation purposes. The database will be updated annually.

Signature of Individual _____ Date _____

Name: _____ Spouse: _____

Physical Address: _____

City: _____ Phone: _____

Mailing Address (if different than above): _____

Do you live in a mobile home? _____, or an apartment? _____

If yes, what is the complex name? _____

Date of Birth: _____ Age: _____

Check applicable medical disabilities:

- Legally Blind Deaf Terminal Paralysis

Specify other chronic medical disabilities: _____

Are you:

- Self-ambulatory Ambulatory with Assist (walker, cane, arm)
 Confined to a wheelchair Non-ambulatory, bedridden

Check applicable special equipment that you are dependent on:

- Wheelchair Walker/Cane Crutches
 Life Support System Dialysis Insulin Dependent
 I V Feeding Tube Ostomy

Oxygen: If yes, oxygen needed for _____ hours per day. Indicate liter flow: _____

Do you have a portable O2 tank? Yes _____ No _____

