EMERGENCY NOTIFICATION INFORMATION

ADM-0131 (REV 8/2001) CT #7541-1514-5

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-379) and the information Practices Act of 1977(2011) information by this from. The requested personal information is voluntary. The principal purpose of the voluntary information may delay processing of this form. No disclosure of personal information will be made unless pupon request and proper identification to inspect all personal information in any record maintained on the individual by its properties of the p	ormation is to facilitate the processing of this form. The failure to provide all or any part of the permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right
upon request and proper tuentification to hispect an personal information in any record maintained on the mutvidual by t	DATE
EMPLOYEE NAME OFFIC	E PHONE NUMBER HOME PHONE NUMBER
HOME STREET ADDRESS CITY,	STATE, ZIP CODE
POSITION NUMBER DISTRICT/DIVISION	SOCIAL SECURITY NUMBER
SUPERVISOR	OFFICE PHONE NUMBER
PERSONS TO NOTIFY IN CAS	SE OF EMERGENCY
NAME	RELATIONSHIP
HOME STREET ADDRESS	HOME PHONE NUMBER
1 CITY, STATE, ZIP CODE	
WORK/COMPANY NAME ADDRESS	PHONE NUMBER
NAME	RELATIONSHIP
HOME STREET ADDRESS	HOME PHONE NUMBER
2 CITY, STATE, ZIP CODE	
WORK/COMPANY NAME ADDRESS	PHONE NUMBER
PREDESIGNATING YOUR PHYSICIAN FOR AI	N OCCUPATIONAL INJURY/ILLNESS
PHYSICIAN'S NAME	BUSINESS PHONE NUMBER
OFFICE ADDRESS (Include city, state and Zip code)	
MEDICAL INSURANCE COMPANY	MEDICAL CARD NUMBER (If applicable)
SPECIAL ASSISTANCE IN	AN EMERGENCY
Does employee need special assistance during an emergency? If yes, discuss with employee and notify emergency response personnel.	YES NO
ADDITIONAL MEDICAL	INFORMATION
EMPLOYEE SIGNATURE	
RETURN TO: Department of Transportation Transactions MS-47 1727 - 30th Street, 5th Floor Sacramento, CA 95816	ORIGINAL - Official Personnel File YELLOW - Supervisor PINK - Liaison GOLDENROD - Timekeeper/RAO