

GRADUATE MEDICAL EDUCATION
PERSONNEL SERVICES

EMERGENCY NOTIFICATION

In case of an emergency while you are at work, the following individuals you have named below will be called in the order listed until contact has been made.

This information is confidential and will be used ONLY for the purpose specified. Please complete and return the form to your department.

NAME _____ SS# _____

DEPT. _____ CAMPUS TEL. NO. _____

CAMPUS ADDRESS _____

CONTACTS:

1. Name _____ Phone No. _____

Relationship _____

Address _____

2. Name _____ Phone No. _____

Relationship _____

Address _____

3. Name _____ Phone No. _____

Relationship _____

Address _____

Signature

Date