

MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

SAFETY OFFICE

M E M O R A N D U M

DATE:

**TO: Personnel Accountability Tag Administrator
Safety Office**

FROM: Fire Station ____, __ Shift

SUBJECT: PERSONNEL ACCOUNTABILITY TAG

I am requesting a replacement for my personnel accountability tag.

Complete the following Information:

EMI – Emergency Medical Information

Religion: _____

Name: _____

B/P(norm): _____ Pulse Rate: _____

Allergies: _____

DOB: _____ Blood Type: _____ Sex: _____

Meds: _____

Emergency Contact:

Name: _____

Phone # _____

Medical History: _____

Physicians Name: _____

Phone # _____

Organ Donor: Y / N

FD ID number (Last initial, First initial, and last four digits of SSN):

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___ I require a replacement for my Photo PAT

___ I require a replacement for my Yellow PAT

PAT1104

Updated 4/22/09