

BRYN MAWR COLLEGE

**LABORATORY RESEARCH ASSOCIATE
EMERGENCY INFORMATION**

IDENTIFICATION

Name: _____

Social Security Number: _____ Date of birth: _____

Home address: _____

Home telephone number: (____) _____

Other off-campus number*: (____) _____ type: _____

Work address: _____ (other than Bryn Mawr College, if applicable)

Work telephone number: (____) _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

Telephone number: (____) _____ (home) (____) _____ (work)

Other off-campus number*: (____) _____ type: _____

*such as pager, cell phone, or other numbers useful for emergency contact.

Bryn Mawr College, Laboratory Research Associate Emergency Information, continued:

Name: _____

EMERGENCY MEDICAL INFORMATION

(CONFIDENTIAL)

1) Do you wear contact lenses? ____ yes ____ no

2) Do you have allergies? ____ yes ____ no

(If yes) Please specify: _____

If you carry medication for the emergency treatment of allergies, please describe:

3) Will your work at Bryn Mawr College
involve the wearing of respiratory protection ? ____ yes ____ no

(If yes) Please describe: _____

4) Do you have any medical condition
which emergency responders should be made aware of: ____ yes ____ no

(If yes) Please describe: _____

Additional comments: _____

Signature: _____ Date: _____

(Return completed form to: Donald Abramowitz, Occupational & Environmental Safety Officer, Bryn Mawr College, 101 N. Merion Avenue, Bryn Mawr PA 19010)