

Please complete the survey at the bottom of this page. By providing this information, Chesapeake emergency workers will know about the special health care, emergency sheltering and other needs in your community. Vital information will be available should the city experience an emergency. All information submitted is confidential. If more than one person in your home has special physical or mental impairments, please fill out a separate form for each person. Please renew this person's information yearly. If



this person medical status changes, please inform the Chesapeake Fire Department/Emergency Management Division by calling or just complete a new form.



Questions?

Call the Chesapeake Fire Department/Emergency Management Office at (757)382-6297 Monday through Friday 8:30am to 5:00 pm. Additional copies of this brochure can be picked up from any Chesapeake Public Library.

(Please keep this portion for your records , Cut & Return Bottom)

Name _____
 Date of Birth __/__/____ Male Female
 Street Address _____
 Apt. # _____
 City _____
 State _____
 Zip Code _____
 Home Phone() _____

Please tell us any other information that you think would be important for us to know.

Name of Emergency Contact: _____

 Emergency Contact Phone () _____

Please check all equipment used by the patient:

- Apnea Monitor Life Support IV Fluids
- Feeding Tube Dialysis Nebulizer
- Suction Unit Oxygen Special Bed
- Wheelchair Special Diet Homebound
- Mental Disabilities Assistance with Walking
- Insulin
- Other _____

Signature of person completing this form or Responsible Party:

 Date_____

May we contact you for additional information?

Yes No

Daytime Phone () _____