



Firefighter Accountability System
Information for ID Badge

Last name, First name, Middle name, Organization, Assigned ID #, Rank, Qualifications, DOB, SSN, DOH, DL#, DL State, DL Expiration

Address, City, State, Zip Code, E-mail Address, Home phone, Mobile phone, Fax #

Height, Weight, Eye Color, Hair Color

Emergency Contact Information:

Contact person, Contact phone #, Physician, Physician phone #, Insurance carrier, Religion

Firefighter Info:

Gender M, F, Blood type, Blood pressure, Heart rate, Organ Donor Y, N

Allergies

Medications

Blank lines for Allergies and Medications

Personal ID # assigned by Fire Safety Staff: