

Team Member Emergency Information Record

The information provided below will be used in case of accident or emergency **ONLY** and should always be kept current. If you have a chronic medical problem (i.e. heart conditions, epilepsy, asthma, allergy, etc.) that could incapacitate you during working hours, you are encouraged to discuss symptoms and emergency treatment with your team leader.

Team Member Information

Name Division Phone Number

Home Address

Primary Emergency Contact

Name Relationship Phone Number

Home Address

Secondary Emergency Contact

Name Relationship Phone Number

Home Address

Health Care Provider Information

I have a pre-designated private physician by completing the "Employee's Pre-designation of Personal Physician Form", which is on file with the CalPERS Human Resources Office.

Team Member Certification

I understand that it is my responsibility to keep the above information accurate and up-to-date, and that this information will be retained in the Human Resources Division in my Official Personnel File. I also understand that the above information will remain confidential, only to be disclosed in the case of an emergency.

Employee Signature

Date

Routing:

Please deliver form to your Division Personnel Liaison to be forwarded to HRSD

HRMS updated by Personnel Liaison

Date

Original form routed to HRSD

Date

