

Accountability Data Collection Form

Please fill out this form completely and accurately. All information is confidential and will only be used in regards to the Barry County Accountability System.

Mail replies to:
The Swisher Group
223 S. Broadway St.
Hastings, MI 49058

Personal Information

First Name: _____ Last Name: _____

Department: _____ Rank: _____

Personnel ID: _____ Date of Birth: _____

Address 1: _____ Address 2: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Mobile: _____ Fax: _____

Skills/Qualifications/Licenses

Please list all special skills, qualifications, and/or licenses.

In Case of Emergency

Physician Name _____ Physician Phone _____

Insurance Carrier _____ Insurance Policy # _____

Emergency Contact _____ Phone #: _____

Emergency Contact 2 _____ Phone #: _____

Allergy 1: _____ Allergy 2: _____

Medications 1 _____ Medication 2: _____

Blood Type _____ Organ Donor? _____

Medical History/Notes
