

EMERGENCY INFO <i>(add info on reverse)</i>		EMERGENCY INFO <i>(continued)</i>		
Social Security No.	Blood Type	Special Medical Requirement <i>(List allergies & medication currently being taken.)</i>		
Name of Employee				
Health Insurance Plan <i>(Carrier name)</i>				
Carrier ID No.				
Physician's Name				
Telephone No.		Employee's Street Address		
Emergency Contact		City	State	Zip Code
Telephone No.		Name of Employer		
Special Medical Requirement <i>(List allergies & medication currently being taken.)</i>		Work Telephone No.		
FSIS FORM 4792-2 (7/88)		Religion		