



First Responder Informational Form

Name:		Date:	
Address:	Home Phone:	Cell:	
	Email:		
Current Occupation:			
Job/Function at WTC:			
Do you receive Social Security benefits?			
Do you receive worker compensation benefits?			
WTC Related Injuries:			
Pharmacy:			
Medications:			
Insurance:			
Hospitals you have been seen at:			
Family Contact and/or Neighbor:			
Lawyer Contact Info:			
Additional Information:			

ACKNOWLEDGEMENT: I/we certify that the information provided on this form is true and correct and understand that it will be treated by the Ski's Open Heart Foundation as confidential in nature and that Ski's Open Heart Foundation will not release such information to another party unless I/we have authorized such release in written form.

Signature of First Responder: _____

Signature of Spouse/Witness: _____

Please check this box if you are going to e-mail this form.

In lieu of my written signature and for the sake of e-mailing this document, and in accordance with 2004 Federal Digital Signature laws I do add a check to this box assuring my agreement with all on this document and state, to the best of my ability and knowledge, that all information I have put here is true and accurate.