# EMPLOYEE EMERGENCY CONTACT FORM

**Información de contacto en caso de emergencia**
Indique a quién avisar y cómo comunicarse con esa persona. La persona anotada aquí recibe avisos. La autorización para tomar decisiones médicas se determina por separado. Para solicitar ayuda durante una evacuación, comuníquese en privado con la persona encargada de seguridad.

**Record date** November 3, 2026
**Work location** WA
**Reported residence** CA **Possible place of care** CA

## Emergency notification

Use the workplace emergency procedure and contact emergency services promptly when needed. Tell responders what you actually observe. The listed contacts are people to notify. Check their identity and follow the worker's stated contact instructions. Being a spouse, parent, colleague or a listed contact does not by itself establish authority for a treatment decision. For a minor worker, check the person and law applicable to the particular decision.

**Employer** Sample Workplace

**Worker** Sample Worker

**People to notify**

**Primary** Sample Emergency Contact — 202-555-0105

## Assistance at work

For a current employee, disability-related inquiries generally require a job-related business necessity or another applicable basis. A voluntary evacuation-assistance survey can ask if the worker needs help and explain why. Follow up privately about what the team needs to provide that help.

**Practical emergency arrangements.** Accessible exit and visual alarm. Restrict this information to people who need it to carry out the assistance.

Designated contact for private assistance requests: Designated safety manager.

## Handling this record

Keep the notification information accessible to designated staff for emergencies and restrict access otherwise. When an employer is covered by the ADA, medical information held under its inquiry provisions is kept separately and confidentially. First-aid and safety staff may receive relevant


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information when emergency treatment or assistance may be required. Managers may receive information about necessary restrictions or accommodations within the applicable exception. Limit disclosure to what is needed. Follow a separate process for genetic information and avoid requesting family medical history.

The HIPAA Privacy Rule excludes employment records a covered entity holds in its role as employer. A record held by a provider or group health plan in that role may have different protection. Use the applicable retention period and any legal hold. Check applicable state privacy requirements using the worker's residence and worksite, employer coverage, information collected and purpose.

**California:** Verify whether California's Fair Employment and Housing Act governs the employment relationship and which hiring stage applies. The Confidentiality of Medical Information Act limits employer use and disclosure of medical information, with defined exceptions and written-authorization requirements. A covered business collecting California resident information must give the required notice at or before collection. This record does not attest that the employer gave such a notice. California employer medical privacy

**Employer incident reporting.** Separate any family notification from reporting to the workplace safety regulator. Under the federal rule, a qualifying work-related death is reported to OSHA within eight hours, and a qualifying inpatient hospitalization, amputation or loss of an eye within 24 hours. Check event windows, when the employer or its agent learned of the event, exceptions and the governing state-plan rules. The OSHA report does not itself notify the worker's family. Federal reporting rule

## Confirmation

Review the contact entries and give corrections to the employer. An employee signature confirms the notification details supplied.

**Worker — contact details**

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE