

Office Use:  
Fee \_\_\_\_\_  
Invoice # \_\_\_\_\_  
Date \_\_\_\_\_

**Lancaster County Fireman's Association, Inc.**  
**630 E. Oregon Rd., Lititz, PA 17543**  
**FAX: 560-6531**  
**Accountability System Form**

Please Circle Badge Type

Firefighter Jr. F.F. Fire Police EMS EMA EMT Haz-Mat

Auxiliary Media CISM RACES Utility

Please type or print clearly:

Name: \_\_\_\_\_  
Last Name First Name Middle Name/Initial

Social Security Number: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(OFFICE USE ONLY)

Company Name \_\_\_\_\_ Station # \_\_\_\_\_

EMT/Paramedic # \_\_\_\_\_ Company # \_\_\_\_\_

Position: \_\_\_\_\_ Drivers License # \_\_\_\_\_

First Aid \_\_\_\_\_ EMT/EMT-P \_\_\_\_\_ Hazmat \_\_\_\_\_  
(PLEASE CHECK ALL THAT APPLY - THESE WILL BE INCLUDED ON YOUR TAG)

**Medical Information**

Blood Type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hepatitis B Series Yes or No Date Completed \_\_\_\_\_ Booster \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Notification Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Chief's Signature \_\_\_\_\_