ANNEX 1: Record of Emergency Data Form

**Record of Emergency Data**

| **NAME: Abdi Mohammed** | | | | **DATE OF COMPLETION:** | |
| --- | --- | --- | --- | --- | --- |
| **Residential Address (Include House No.)** | Ruiru, Kimbo, Brunnen Building hs 4 | | | **Mobile:**  **0798700186**  **Email: amohammed@psi.org** | |
| **Emergency Contact Information** | | | | | |
| **Primary Contact:** Victoria Kamau  **Relation:** Spouse | | **Address: Kiambu** | | **Mobile:** 0702229075  **Email:** —- | |
| **Secondary Contact: Abdilatif**  **Relation:** Brother | | **Address:** | | **Phone: 0712014130**  **Email: —** | |
|  | |  | |  | |
| **Additional Family\*:** | | **Relation:** | | **Contact Info:** | |
| Purity Njiru | | **Mother** | | **0725454460** | |
| **Abdilatif** | | **Brother** | | **0712014130** | |
|  | |  | |  | |
|  | |  | |  | |
| **Proof of Identity (Secret question and answer):** Q: What is the date of birth A: Feb 15 | | | | | |
| **Notes\*:** | | | | | |
| **Medical Information** | | | | | |
| **Health insurance name:** | | | Jubilee Insuarance | |  |
| **Health insurance contact details:** | | | - | |  |
| **Repatriation arrangement, if applicable:** | | | * None | |  |
| **Blood Type:** | | | B+ | |  |
| **Allergies:** | | | None | |  |
| **Medications\*:** | | |  | |  |
| **Medical Conditions\*:** | | | | | |
| **Passport Information** | | | | | |
| **Nationality:** | | | Kenyan | | |
| **Passport number:** | | | None | | |
| **Issued on and valid until:** | | | N/A | | |
| **Additional Information – Special wishes\*** | | | | | |
|  | | | | | |

NOTE: Information marked with a star \* is voluntary information.