

Biocomplexity Institute of Virginia Tech

Emergency Contact Form

Employee Information

Name	Supervisor
Date of Birth	Office/Space Location
Home Address (Local)	Home Address (Permanent)
Primary Telephone	Secondary Telephone*
Name of spouse, roommate, etc.:	Alternative Email Address*

**Emergency Use Only: Alternative contact information is requested in accordance with the Institute's emergency preparedness and response procedures. The Institute reserves the right to use this for individual contact and for mass distribution in the case of an emergency. Should your secondary telephone number and/or alternative email address change, you are required to provide updated information to the Institute's Human Resources Department.*

Emergency Contact 1

Name	Relationship
Primary Telephone	Secondary Telephone

Emergency Contact 2

Name	Relationship
Primary Telephone	Secondary Telephone

Additional Information

Allergies?
Special Medical Needs?
In case of an emergency, would you require assistance in an evacuation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise what assistance you may need.

Medical information is voluntary. Disclosure of information is confidential and will be shared to appropriate individuals in case of emergency.