

FRANKLIN COUNTY FIRE-TRAX ACCOUNTABILITY SYSTEM

\*ID# (First Initial & Last Initial Followed by Last Four # of SS #) \_\_\_\_\_

\*PRIMARY DEPARTMENT (affiliation) \_\_\_\_\_

CERTIFICATION# or CALL SIGN (RACES) \_\_\_\_\_

\*Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Rank (if applicable) \_\_\_\_\_ \*DOB \_\_\_\_\_

INITIAL DATE OF EMPLOYMENT OR VOLUNTEER \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER \_\_\_\_\_

ALLERGIES:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

MEDICATIONS:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

NORMAL BLOOD PRESSURE \_\_\_\_\_ RESTING HEART RATE \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_ GENDER: MALE \_\_\_ FEMALE \_\_\_ ORGAN DONOR Y\_\_\_ NO\_\_\_

MEDICAL HISTORY (key information, optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE THE DEPARTMENT OF EMERGENCY SERVICES AND OTHER NECESSARY MEDICAL PERSONNEL TO VIEW MY MEDICAL INFORMATION.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FRANKLIN COUNTY FIRE-TRAX ACCOUNTABILITY SYSTEM

Certifications are broken down into disciplines. The certifications you check must be state or nationally certified and you must be able to show a certificate to verify upon request.

Emergency Management

- |  |   |
|--|---|
| <input type="checkbox"/> COUNTY ELECTED OFFICIAL   | <input type="checkbox"/> COUNTY EMA/STAFF |
| <input type="checkbox"/> BOROUGH ELECTED OFFICIAL  | <input type="checkbox"/> LOCAL EMA/STAFF  |
| <input type="checkbox"/> TOWNSHIP ELECTED OFFICIAL | <input type="checkbox"/> L. E. P. C.      |

Emergency Medical Services

- |   |  |
|---|--|
| <input type="checkbox"/> BLOOD BORNE PATHOGENS      | <input type="checkbox"/> CPR/AED         |
| <input type="checkbox"/> EMERGENCY MEDICAL TECH-B   | <input type="checkbox"/> FIRST RESPONDER |
| <input type="checkbox"/> PARAMEDIC                  | <input type="checkbox"/> EMS STRIKE TEAM |
| <input type="checkbox"/> TACTICAL EMS (POLICE SWAT) |  |

FIRE

- |   |   |
|---|---|
| <input type="checkbox"/> APPARATUS DRIVER                         | <input type="checkbox"/> ENGINE COMPANY OPS                               |
| <input type="checkbox"/> ESSENTIALS OF F/F                        | <input type="checkbox"/> E. V. O. C.                                      |
| <input type="checkbox"/> FIRE INVESTIGATOR                        | <input type="checkbox"/> FIREFIGHTER 1, 2, 3<br>(circle one)              |
| <input type="checkbox"/> FIRE OFFICER I, II, III, IV (circle one) | <input type="checkbox"/> FIRE POLICE                                      |
| <input type="checkbox"/> HAZ-MAT AWARENESS                        | <input type="checkbox"/> HAZ-MAT OPERATIONS                               |
| <input type="checkbox"/> HAZ-MAT TECHNICIAN                       | <input type="checkbox"/> INCIDENT COMMAND                                 |
| <input type="checkbox"/> FIRE INSTRUCTOR                          | <input type="checkbox"/> N. I. M. S.                                      |
| <input type="checkbox"/> RAPID INTERVENTION TEAM                  | <input type="checkbox"/> TRUCK COMPANY OPS                                |
| <input type="checkbox"/> WILDLAND FIREFIGHTING                    | <input type="checkbox"/> WILDLAND FIRE OFFICER I,<br>II, III (circle one) |

POLICE

- |   |   |
|---|---|
| <input type="checkbox"/> ACT 120 TRAINED                  | <input type="checkbox"/> DETECTIVE          |
| <input type="checkbox"/> EXPLOSIVE EXPERT                 | <input type="checkbox"/> K-9 HANDLER        |
| <input type="checkbox"/> HOSTAGE NEGOTIATOR               | <input type="checkbox"/> SHERIFF DEPARTMENT |
| <input type="checkbox"/> SERGEANT                         | <input type="checkbox"/> SNIPER             |
| <input type="checkbox"/> SWAT TEAM MEMBER                 | <input type="checkbox"/> TROOPER            |
| <input type="checkbox"/> P. C. O.                         | <input type="checkbox"/> CONSTABLE          |
| <input type="checkbox"/> ACT 235 TRAINED (Private Police) |   |

RESCUE

- |   |  |
|---|--|
| <input type="checkbox"/> BASIC VEHICLE RESCUE | <input type="checkbox"/> HIGH ANGLE RESCUE     |
| <input type="checkbox"/> ROPE RESCUE          | <input type="checkbox"/> STRIKE TEAM LEADER    |
| <input type="checkbox"/> TRENCH RESCUE        | <input type="checkbox"/> VEHICLE RESCUE TECH.  |
| <input type="checkbox"/> WATER RESCUE         | <input type="checkbox"/> CONFINED SPACE RESCUE |

MISCELLANEOUS

- |   |   |
|---|---|
| <input type="checkbox"/> C. E. R. T.                | <input type="checkbox"/> COMMERCIAL DRIVER LIC A, B |
| <input type="checkbox"/> DISPATCHER                 | <input type="checkbox"/> DIVER                      |
| <input type="checkbox"/> TERRORISM AWARENESS        | <input type="checkbox"/> PUBLIC INFORMATION         |
| <input type="checkbox"/> RACES (AMATEUR RADIO CLUB) | <input type="checkbox"/> C. I. S. D.                |
|   | <input type="checkbox"/> RED CROSS DISASTER TEAM    |