

ONE QUESTIONNAIRE PER PERSON

INFORMATION TO ASSIST EMERGENCY PERSONNEL –updated Sept 15-2022

Name _____

Address: _____

Number of persons living in Residence _____

☐ North side ☐ South side

Telephone No.: _____

Email Address: _____

Emergency Contact:

Name: _____

Phone No.: _____

Relationship to you: _____

(i.e. Son, Daughter, Brother, Sister, Friend, etc.)

Pets: Name(s) _____

☐ Dog(s) ☐ Cat(s) ☐ Have crate(s)

HEALTH/MEDICAL INFORMATION

Oxygen in Use: ☐ Yes ☐ No

Mobility Aids: ☐ Cane ☐ Crutch(es) ☐ Walker

☐ Scooter ☐ Wheelchair ☐ Powered ☐ Manual

Need Assistance with ☐ Standing ☐ Walking

Sitting /Toilet/etc.: ☐ Yes ☐ No

Medical Conditions: *please check all applicable*

- | | |
|--|--|
| <input type="radio"/> Diabetes | <input type="radio"/> PicLine |
| <input type="radio"/> Heart Disease/Heart Attack | |
| <input type="radio"/> Stroke/Brain Aneurysm/Brain Injury | |
| <input type="radio"/> Parkinsons | <input type="radio"/> COPD |
| <input type="radio"/> Huntingtons | <input type="radio"/> Multiple Sclerosis |
| <input type="radio"/> Muscular Dystrophy | <input type="radio"/> Cancer |
| <input type="radio"/> Alzheimers | <input type="radio"/> Asthma |
| <input type="radio"/> Sight | <input type="radio"/> Hearing |
| | <input type="radio"/> Speech |

Other Medical Conditions:

Additional Information to Assist Emergency Personnel: _____

Please check all of the following statements that apply to you:

- ☐ I would like to be placed on a Priority Evacuation List in the event of a serious emergency.
- ☐ I understand and agree that this information is given voluntarily to assist emergency personnel in the event of a serious emergency affecting Sandycove Acres and/or surrounding area.

Date: _____

(signature)

This information is being collected by the Emergency Preparedness Team of the Sandycove Home Owners' Association and will be used only for the purposes stated above. All information will be held in strict confidence and your privacy is assured.

**Please drop the completed Questionnaire in the "Medical/Mobility Questionnaire box in the East/West Lobby of the Wheel, the back entrance at the Spoke or at the Hub (just inside the door) or mail to:
Emergency Preparedness Team,
P.O. Box 7151,
Innisfil, On L9S 1A9
Email to eptsca@yahoo.com**