

# EMPLOYEE EMERGENCY INFORMATION

SWAB MASTER LTD.

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Emergency Contact Numbers

Updated on: \_\_\_\_\_

Alberta Health Care Number:	Physician:	
	Physician Phone No:	
Emergency Contact Name:	Phone No:	Relationship:
Emergency Contact Name:	Phone No.:	Relationship:
All Allergies/Drug Sensitivities:		

\_\_\_\_\_  
All current medications/medical conditions (use reverse if necessary):

\_\_\_\_\_  
Medical Disabilities and/or conditions:

\_\_\_\_\_  
Do you have any medical conditions that could affect your driving performance?

**Emergency information is confidential – any current conditions/prescriptions must be reported to your supervisor.**

*I am aware of my obligations to work safely and to report unsafe conditions. I am also aware of my right of refusal to work in unsafe conditions, including any conditions that I personally feel to be unsafe.*

*As a new employee I will follow instructions from more experienced crew members and will not undertake any job or enter any area without direct instructions from experienced crew members (Not understanding: How to properly perform a task and not understanding the possible dangers in performing the task can lead to serious injury and damage to equipment).*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor: \_\_\_\_\_