

“IN CASE OF EMERGENCY”

If an accident should occur, please call the phone number listed below in **BUSINESS CONTACTS** so we may dispatch a supervisor immediately.

It should be noted that all medical specimens should be considered exempt unless otherwise labeled. Documents, pharmaceuticals, and diagnostic specimens in courier's possession requires a secure chain of custody and we will send a supervisor to take possession of those items. Our courier representative, whether an employee or independent contractor, may also have possession of banking or financial documents including deposits, dental products such as patient casts and expensive devices, and extremely confidential consumer information, therefore it is imperative that these items are not towed with the vehicle and/or are collected in the event of them being dislodged due to an accident.

Upon contact with a supervisor, if a drug test is mandatory, medical personnel or law enforcement will be contacted in order to request the test at our insurer and/or Company's expense.

DRIVER INFORMATION

Driver's Full Name: _____

Address: _____

Driver's License number and State Issued: _____

Business Name: _____ Main Phone #: _____

Supervisor/Owner: _____ phone #: _____

Emergency contact (primary): _____

Secondary Emergency contact: _____

Medications: (if none, type none. If none known, type NKA. List all medications, strength, dosage, including supplements:

Allergies: (type none if none known): _____

Mo/Year of Last tetanus: _____ Are you an Organ Donor?

Other pertinent information (such as living will information, etc.):

Doctor (name & phone): _____

Dentist (name & phone): _____