

**COLORADO DEPARTMENT OF TRANSPORTATION  
EMERGENCY NOTIFICATION DATA**

Employee name (last) (first) (middle initial)	Social Security #	Date
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In the event of an accident or emergency, CDOT will contact one of the following individuals in the order listed. List at least 3 persons and other information regarding physician, hospital, health insurance, and health conditions. Employees are responsible for updating the information on this form as changes occur.

1. Name (last) (first)		Relationship, if any	
Street	City	State	Zip
Home telephone ( )		Business telephone ( )	

2. Name (last) (first)		Relationship, if any	
Street	City	State	Zip
Home telephone ( )		Business telephone ( )	

3. Name (last) (first)		Relationship, if any	
Street	City	State	Zip
Home telephone ( )		Business telephone ( )	

4. Physician		Office telephone	
Street	City	State	Zip

5. Hospital		Emergency room telephone	
Street	City	State	Zip

6. Health Insurance carrier
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7. Current serious health and/or allergy conditions
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