

Greensburg Firefighter Photo ID Card

The following information will be on the card. Please place an X in any field where you do not want to provide the necessary information. Write the word NONE if you do not have the condition. PLEASE WRITE NEATLY!!!

Name _____

Example: John Doe

Department Rank _____

Example: Chief, Captain, Lieutenant, Sargent, Firefighter, etc.

Company/ Department Number _____

Example: C-1, 43, 89, 269, etc.

Date of Birth _____

Example: 1/26/1979

Blood Type _____

Example: A, B, AB, O

Height _____

Example: 6'5"

Weight _____

Example: 200lbs.

Hair Color _____

Example: Brown, Blonde, Black, etc.

Eye Color _____

Example: Blue, Brown, Green, etc.

Allegeries _____

Example: Shellfish, Tree Nuts, Sulfa Drugs, etc.

Medications _____

Example: Crestor, Nexium, Warfarin, etc.

Medical Conditions _____

Example: Asthma, High Blood Pressure, Heart Disease, etc.