

# HEADS UP/MARCUS ALERT Emergency Information

Complete and Mail to: York-Poquoson-Williamsburg-James City Emergency Communications Center

301-A Goodwin Neck Rd Yorktown, VA 23692

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address City Zip Code

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Primary Phone (mm/dd/yyyy)

\_\_\_\_\_  
Alternate Phone

Medical Alert Device? Yes ☐ No ☐

Alarm Company: \_\_\_\_\_  
Name Phone

Emergency Contacts:

1. \_\_\_\_\_  
Name/Relationship to Individual Phone
2. \_\_\_\_\_  
Name/Relationship to Individual Phone
3. \_\_\_\_\_  
Name/Relationship to Individual Phone

Preferred Language, Speech, and/or Communication Method: \_\_\_\_\_

What do First Responders need to know in order to help:

Diabetes: Yes ☐ No ☐ Description: \_\_\_\_\_

Seizure Disorder: Yes ☐ No ☐ Description: \_\_\_\_\_

Neurological Disorder: Yes ☐ No ☐ Description: \_\_\_\_\_

Cardiac Concerns/Needs: Yes ☐ No ☐ Description: \_\_\_\_\_

Pulmonary Concerns/Needs: Yes ☐ No ☐ Description: \_\_\_\_\_

Behavioral and/or Mental Health Concerns/Needs to include Substance Use Related: Yes ☐ No ☐ Description: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Medical Equipment Used: \_\_\_\_\_

Mobility Concerns/Needs: Yes ☐ No ☐ (Check type) Cane ☐ Crutches ☐ Walker ☐ Unable to Walk ☐ Wheelchair ☐

Description: \_\_\_\_\_

Sex: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Race: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_  
Blood Type: \_\_\_\_\_

# HEADS UP/MARCUS ALERT Emergency Information Continued

Hearing Concerns/Needs: Yes ☐ No ☐ (Check type) Hearing Device ☐ Sign Language ☐ Read Lips ☐

Description: \_\_\_\_\_

Visual Concerns/Needs: Yes ☐ No ☐ (Check type) Glasses ☐ Contacts ☐ Blind ☐

Description: \_\_\_\_\_

Other Helpful/Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the information contained on this form may be shared with emergency medical, fire, police, and social services personnel when responding to an emergency. York-Poquoson-Williamsburg-James City will protect the confidentiality of this information as required by law. Please contact York-Poquoson-Williamsburg-James City Emergency Communications Center with updates at (757) 890-3621. Please note that forms will be purged 3 years after submission unless they are updated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date