

Springdale Fire Department

Person Contact Form

Incident # _____ Date: _____

Name: _____ DOB: _____

1. This person does not have any indication of decreased mentation or loss of consciousness.
2. This person does not have any indication of intoxication from drugs or alcohol.
3. This person denies any illness or injury from this incident.
4. This person does not desire a medical examination or ambulance transportation at this time.

Additional: _____

Crewmember Signature: _____ Date: _____

Name: _____ DOB: _____

1. This person does not have any indication of decreased mentation or loss of consciousness.
2. This person does not have any indication of intoxication from drugs or alcohol.
3. This person denies any illness or injury from this incident.
4. This person does not desire a medical examination or ambulance transportation at this time.

Additional: _____

Crewmember Signature: _____ Date: _____

Name: _____ DOB: _____

1. This person does not have any indication of decreased mentation or loss of consciousness.
2. This person does not have any indication of intoxication from drugs or alcohol.
3. This person denies any illness or injury from this incident.
4. This person does not desire a medical examination or ambulance transportation at this time.

Additional: _____

Crewmember Signature: _____ Date: _____

Name: _____ DOB: _____

1. This person does not have any indication of decreased mentation or loss of consciousness.
2. This person does not have any indication of intoxication from drugs or alcohol.
3. This person denies any illness or injury from this incident.
4. This person does not desire a medical examination or ambulance transportation at this time.

Additional: _____

Crewmember Signature: _____ Date: _____

Name: _____ DOB: _____

1. This person does not have any indication of decreased mentation or loss of consciousness.
2. This person does not have any indication of intoxication from drugs or alcohol.
3. This person denies any illness or injury from this incident.
4. This person does not desire a medical examination or ambulance transportation at this time.

Additional: _____

Crewmember Signature: _____ Date: _____
