



City of Waynesboro  
Emergency Operations Center  
Handicapped/Disabled Data Sheet



**Please Complete One Form for Each Handicapped/Disabled/Elderly Person in the Household**

**Please Type or Print**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: home (\_\_\_\_) \_\_\_\_-\_\_\_\_ work (\_\_\_\_) \_\_\_\_-\_\_\_\_

Description of Handicap/Medical Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Local Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: work (\_\_\_\_) \_\_\_\_-\_\_\_\_ home (\_\_\_\_) \_\_\_\_-\_\_\_\_ other (\_\_\_\_) \_\_\_\_-\_\_\_\_

Location of Bedroom: \_\_\_\_\_

Do you have any special needs (transportation, wheelchair, ventilator, interpreter, service animal, etc): Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_