City of Jacksonville / Duval County
Special Medical Needs Registration Form

Personal Enrollment Data **Today's Date: ______________**

Full Name: ____ Gender: □ M □ F

Address:____ Zip Code: ___________ DOB_____/_____/_____/

Phone:__________________ Alternate:________________ Email__________________________ Age:_____

Weight:_____________lbs. Primary Language:______________________________ Pets: □ Yes □ No

Residence Type: □ House/Duplex □ Mobile Home/Trailer □ Apartment/Condo

Living Situation: □ Living Alone □ With Parents □ With Family/Friend

Emergency Contacts:

Name:________________________________Relationship:________________Phone:________________________

Name:________________________________Relationship:________________Phone: ________________________

Special Medical Needs Assessment (Check all that apply):

Mobility
- □ I can walk
- □ Walker/cane
- □ Wheelchair/scooter
- □ Bedridden
- □ Hoyer lift
- □ Stretcher

Electric Dependency
- □ O2 concentrator
- □ CPAP-BiPAP
- □ Ventilator
- □ Feeding Pump
- □ Nebulizer
- □ Suction
- □ Refrigerated Medication
- □ Other:

Oxygen Dependent
- □ Yes □ No

Mental Health/ Behavioral
- □ Anxiety/Depression
- □ Dementia/Alzheimers
- □ Psychiatric/Personality Disorder

Cognitive/Physical
- □ Autism/Developmental Delay
- □ Speech Impaired
- □ Vision Impaired
- □ Hearing Impaired
- □ Assistance administrating medication
- □ Incontinence
- □ Open/Healing Wound
- □ Morbid Obesity (>300 lbs)
- □ Frail

Dialysis Dependent
- □ Yes □ No

Dialysis Center Name:

Other Medical Concerns:

Do you have a caregiver who will be with you? □ Yes □ No (Required for memory impaired clients).

By signing this form, I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts, and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records related to registration of disabled citizens are exempt for the provisions of F.S. 118.07(1), Public Records Law. The information contained here will be kept confidential.

______________________________________ ____________________

Signature of Parent/ Guardian Date Signed

MAIL to:

Jacksonville Fire & Rescue Department, Emergency Preparedness Division 515 N. Julia Street, 4th Floor, Jacksonville, Florida 32202
Phone: 904-255-3110

Submit Electronically