

Emergency Contact Form

Collects emergency contact details for employee safety and compliance.

01 Employee Information

Employee Name

Employee ID

Department

Work Location

02 Primary Emergency Contact

Full Name

Relationship

Phone Number

Email Address

Address

03 Secondary Emergency Contact

Full Name

Relationship

Phone Number

Email Address

04 Medical Information

Blood Type

Known Allergies

Medical Conditions

Current Medications

Declaration & Consent

By submitting this form, I confirm that the emergency contact and medical information provided is accurate. I authorize Humii to use this information in case of a medical emergency or safety incident. I understand that this information will be kept confidential and only shared with relevant personnel when necessary. All data will be handled in accordance with Humii's Privacy Policy.

Authorized Signature

Date (DD/MM/YYYY)

Full Name (Print)

Designation